**A pink rectangular sign with white text

Description automatically generated**

**CHANGE PLEASE REFERRAL FORM - REGIONAL**

Change Please offers support and an up to 3-months paid training programme to people who have or are currently experiencing homelessness. Please complete this form honestly and with as much detail as possible so that we can provide a comprehensive package of support tailored to you as an individual, improving your experience and increasing your success in your work with Change Please.

**Referral Partner details:**

Contact Name: Text Box

Phone Number: Text Box

Email: Text Box

Referral Organisation: Text Box

Date of referral: Text Box

How long has the referral organisation been supporting? Text Box

**Candidate's Personal details:**

Candidate's Full Name: Text Box

Date of Birth: Text Box

Is candidate over 18 years old: Yes ☐ No ☐

Phone Number: Text Box

Email Address: Text Box

Please specify form of ID (Passport / Birth Certificate / BRP with Share Code): Text Box

Do they have their physical, original ID document? Yes ☐ No ☐

***\*\*Please note that we are unable to offer Support and/or a Paid Training/Employment Contract if the candidate does not have Eligibility to Work in the UK\*\****

Nationality: Text Box

Level of English: Text Box

Emergency Contact Full Name: Text Box

Emergency Contact Phone Number: Text Box

Relation to the Candidate: Text Box

Does candidate have any dependents? Yes ☐ No ☐

Does candidate have a bank account? Yes ☐ No ☐

**Housing**

What is the candidate's current housing situation? Text Box

Is the candidate currently:

☐ Facing Eviction

☐ Hostel

☐ Prison Leaver

☐ Rent Arrears

☐ Sofa Surfing

☐ Street Homeless

☐ Supported Housing

☐ Temporary Accommodation

Other, please state: Text Box

Do they owe any debts to a landlord?

Yes ☐ No ☐

Has the candidate previously experienced homelessness? Yes ☐ No ☐

Please provide some details, dates, reason. 

Current Address: Text Box

City/Town: Text Box

Postal Code: Text Box

**Candidate Commitment**

What has the candidate committed too in the last 10 to 12 months? (this helps us assess if they commit to our program) This can include: Therapy, hobbies, leisure, training courses etc.



**Placement/Work Availability**

Are there any days on which they are not available to work?

\*Trainees need to be available for 4 out of the 5 days (unless exceptional circumstances) \*

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Coffee shops are generally busier early in the morning, as people commute, please confirm what times you are available to work from, typically shift times are between 6:30am – 7pm:

☐ Can you start work between 6:30am – 7:30am

☐ Would you require to start work after 10am?

Please state reason:



Locations: Are there any areas that they are not able to work at? If so, please state reason:



How will the candidate travel to placement/work location?



**Background**

Is there any history of drug or alcohol use? If yes, give details (rehab? substances/drugs?) Text Box

Are they currently using any drugs or alcohol?

☐ Yes ☐ No

Are they receiving any financial support?

☐ Yes ☐ No

Do they have any criminal convictions, spent or unspent? If yes, give details, title of the crime.

☐ Yes ☐ No

\*\*Please note that we are unable accept applications from clients on a MAPPA for Sex Offences and Arson\*\*

Text Box

Who are their main sources of support? (Local Authority Services, Support Agency, Social Worker, Shelter, Probation, Substance use worker, Counselling, Family, Friends, Support groups etc) Please list contact details.

Text Box

**Future Prospects**

What would be their plans after the 3 months training with Change Please? Provide detail.

☐ Secure Employment (Part-time)

☐ Secure Employment (Full-time)

☐ Further training/Education

☐ Other

**Previous Employment Skills**

What is the candidate’s previous employment or transferable skills?

☐ Barista

☐ Chef/Cook/Catering

☐ Hospitality

☐ Barperson

☐ Kitchen Porter

☐ Admin

☐ Accounts/I.T

☐ Driver

☐ Facilities/Decorator/Handyperson

Other, please state: Text Box

\*please attach CV with referral form if available

Why does the candidate want to engage with Change Please? Please include support have you received recently and what support will you feel you need from Change Please to be able to independently sustain housing and employment:

Text Box

**Candidate Consent**

We need your consent to hold/use the above data to best support you through Change Please’ employment program. By signing this document, you confirm that you give your consent for Change Please to share this information internally and with our partners.

Name

Text Box

Signature

Text Box

Date

Text Box

Please send the completed referral form to: [Kirsty.r@changeplease.org](mailto:Kirsty.r@changeplease.org)