**Pathfinder Referral Form**

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| **Client data processing statement (please read out in full to all clients)** | In order to provide you with housing support we will need to collect information from you and talk to others who may be able to advise and / or provide support. Any data obtained during our work with you will be held in strictest confidence in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016, for the purposes of delivering services and for managing quality within the service. Data will only be shared with partners within our network and some data will be shared with the Greater Manchester Combined Authority who provide funding for this service. For further information about how we use you data please see the Privacy Notice on our website www.gmbop.org | | |
| **Name of person making referral** |  | **Referrer contact details** |  |
| **Full name** | Click or tap here to enter text. | **D.O.B** |  |
| **National insurance number** | Click or tap here to enter text. | **Nationality** | Click or tap here to enter text. |
| **Immigration status** | Choose an item.  Other: Click or tap here to enter text. | **Ethnicity** | Click or tap here to enter text. |
| **Gender** | Male  Female  Non-binary  Other  Did not disclose | **Cisgender or**  **Transgender** | Cisgender  Transgender  Did not disclose  \*cisgender is defined as identifying with the same gender prescribed at birth. |
| **Sexual orientation** | Choose an item. | **Preferred language** | Click or tap here to enter text. |
| **Client phone number** | Click or tap here to enter text. | **Client email address** | Click or tap here to enter text. |
| **Preferred pronouns** |  |  |  |
| **Client contact**  **preference** | Choose an item. | **Further information on client contact** | Click or tap here to enter text. |
| **ID documents** | Yes  No | **Care leaver** | Yes  No |
| **Pregnant** | Yes  No | **Living with dependent children** | Yes  No |
| **Safeguarding concern** | Yes  No  If yes please specify:  Click or tap here to enter text. | **Referral source** | Choose an item. |
| **Referring Borough** | Choose an item. |  |  |
| **Current accommodation** | Choose an item.  Other: Click or tap here to enter text. | **Type of tenure** | Choose an item. |
| **Imminent risk of Homelessness at current accommodation** | Yes | **Reason for risk** | Asked to leave by friends/family |
| **Previous Support** | What support has your service already provided?  What support can Pathfinder provide to help achieve their goals? | **Any other agencies providing support** |  |
| **Are you aware of any risks or license conditions that would impact on access to accommodation?** | Choose an item. | **If yes please provide details** |  |
| **Are you aware of any reasons that would prevent a young persons joining group sessions** | Choose an item. | **If yes please provide details** |  |
| **Are you aware of any concerns around lone working?** | Choose an item. | **If yes please provide details** |  |

**Please send completed referrals to enquiries@gmbop.org**