

- + Please use this form to refer a person the Stone Foundation's Pre-Tenancy Training Course
- + Please complete ALL sections
- + Please return form to elaine.thomas@thestonefoundation.co.uk or by post to the address at the bottom of page.

REFERRAL MADE BY:

Name of Referring Organisation:			
Referred by:			
Email:		Tel. No.	
Relationship to person referred			

DETAILS OF PERSON REFERRED:

Name & Address:			
Email:		Tel. No.	
Date of Birth			
Housing status:	In a Tenancy		Tenancy imminent
	Living with Friends/Family		Sofa Surfing
	Homeless		Other
If other – please elaborate			

Physical Disabilities			
Learning Difficulties (including dyslexia, ADHD, autism, Asperger's etc)	Literacy	Numeracy	Other
Relevant Medical History			
Significant Risks e.g. – Drugs/Alcohol, violence, Gangs, safeguarding etc			
Any Dietary Considerations e.g. vegan/vegetarian, gluten/dairy intolerant etc?			
Any additional information that may affect person's experience of this course			

1. Are you, or have you ever been **homeless**? Yes, now Yes, in the past No

(Please circle a no. from 0 - 5 - 0 = not at all, 5 = a lot)

2. How well or not do you deal with your day-to-day bills? 0 1 2 3 4 5

3. If you have debts, how well do you manage your repayments? 0 1 2 3 4 5

4. Are you able to save any money ? 0 1 2 3 4 5

5. How confident do you feel about finance & banking? 0 1 2 3 4 5

(Please circle a no. from 0 - 5 - 0 = nothing, 5 = a lot)

6. How much do you know about benefits? 0 1 2 3 4 5

7. How much do you know about tenancy rights and responsibilities? 0 1 2 3 4 5

8. Please state here is there is anything else that you think this course could include to help you manage a tenancy (e.g. basic domestic maintenance, consumer rights etc)?

Thank-you for completing this. The information will be used to help us to run this course and to assess how effective it has been.

For Office use: Attendee No.

Date

Address of Head Office:

First Floor Offices, Sproughton House, Sproughton, Ipswich IP8 3AP