



109 Vernon Road  
Kirkby-in-Ashfield  
Notts  
NG17 8ED  
Tel no: 01623 484860  
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Website [www.thekirkbytrust.org.uk](http://www.thekirkbytrust.org.uk)  
E.mail: [centre@thekirkbytrust.org.uk](mailto:centre@thekirkbytrust.org.uk)

Name \_\_\_\_\_

Date \_\_\_\_\_

DOB \_\_\_\_\_

Present address (stayed last few days)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Contact Number \_\_\_\_\_

\_\_\_\_\_

National insurance number \_\_\_\_\_

Claiming benefits (which ones) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Care leaver Yes / No

\_\_\_\_\_

Referral by \_\_\_\_\_

Contact details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about the hostel? \_\_\_\_\_

\_\_\_\_\_

Name of staff member completing form \_\_\_\_\_

<b>Have the following been explained to you?</b>	<b>YES</b>	<b>NO</b>
The service and type of support we can offer		
The child protection policy		
The referral process		
The complaints policy		

**Please complete the Self Assessment Tick List**

<b>PLEASE TICK ANY AREAS YOU NEED SUPPORT IN</b>		<b>YES</b>	<b>NO</b>
<b>1.</b>	Are you currently roofless (sleeping rough)		
<b>2.</b>	Are you currently in short term/temporary Accommodation (e.g. hostel, friends, B&B)		
<b>3.</b>	About to be made homeless/evicted within next 28days		
<b>4.</b>	Building up a support network to rely on		
<b>5.</b>	Contacting agencies on your behalf		
<b>6.</b>	Are you on benefits or receiving an income		
<b>7.</b>	Budgeting your money		
<b>8.</b>	Debts/rent arrears		
<b>9.</b>	Do you or have you used drugs/illegal substances		
<b>10.</b>	Do you misuse alcohol		
<b>11.</b>	Do you have issues with gambling		
<b>12.</b>	Mental/physical health/taking medication		
<b>13.</b>	Learning/physical disability		
<b>14.</b>	Personal problems		
<b>15.</b>	Are you pregnant		
<b>16.</b>	Starting/currently in work/education		
<b>17.</b>	Cultural/religious requirements		

<b>Do you have any of the following</b>		<b>YES</b>	<b>NO</b>
<b>18.</b>	Any other workers supporting you now or have done so in the past		
<b>19.</b>	Children or dependants		
<b>20.</b>	Previous or pending criminal convictions		
<b>21.</b>	Do you feel a lone worker, other resident or the local community may be at risk from your behaviour		

**Assessment Details**

Please list any requirements you may have E.G Do you need an interpreter?  
Do you require wheelchair access? Support from a friend or relative during the assessment?

Please list any other information that you feel is important for our service to know about

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<b>The Kirkby Trust Hostel Information</b>	<b>Date</b>
Signature of worker completing the form	
Signature of Young Person applying for hostel	

**Thank you for taking the time to complete this form.**