

Caerphilly Churches Night Shelters

Registration Form

This form is designed to provide the information needed to ensure the best service possible to the guest from the various night shelters in the area.

1) Personal Details

Name		Contact Number	
Date Of Birth		Gender	M / F
Nationality		Place of birth	

2) Homelessness Situation

Reason for being homeless?	
What was your last permanent address and for how long did you live there?	
How long have you been homeless?	
Where have you been staying since homeless?	
Have you ever served in the armed forces?	
Have you lived in Caerphilly Borough within the last 6 months or for 3 years within the last 5 years?	
Have you stayed in any Caerphilly Church shelters before?	

3) Support From Other Services

Which services are you supported by?
Please can you provide your contact details and/or support workers contact details
Details of any homeless interview with CCBC?

4) Physical Health

Are you registered with a GP? Y / N
GP Address
Details of any diseases, disabilities or health problems.
Do you have any dietary requirements if you were accepted as a guest in Night Shelter?

5) Mental Health

Do you suffer from any mental health issues or have you in the past had any mental health problems? Y / N
If yes please provide details including any hospital admissions and diagnosis:-
Please provide details of any medication prescribed:-
Have you previously ever self-harmed or attempted suicide or had suicidal thoughts now or in the past.
Are you currently under the care of the mental health services? Please give details of CPN's, psychiatrists and social workers:-

6) Drug & Alcohol Use

Do you drink alcohol?	Y / N
How much do you consume a day / week?	
Do you receive help for your alcohol consumption?	
Do you use any controlled drugs?	Y / N
What type of drugs do you use?	
What frequency do you use these drugs?	
Do you receive help for your drug consumption?	

7) Criminal Convictions

Have you ever been convicted of a criminal offence? Y / N

If yes please provide details below if it did not result in prison sentence:-

For prison sentences provide details in the table below:-

	Date of sentence	Offence	Time Served
1			
2			
3			
4			

Are you awaiting a court appearance for any outstanding offences? Y / N

Are you on probation? Y / N

If yes who is your probation officer?

Have you ever been convicted of arson, violence or sexual offences? Y / N

If yes provide details below:-

8) **Confidentiality & Disclaimer**

Confidentiality

Information on this form will be used to provide night shelter churches with the information required to provide placements and also to compile statistics without reference to your identity. This information will only be viewed by the management of Caerphilly Community Church Shelters and associated bodies.

Disclaimer

I agree to this information being shared with relevant local agencies with the objective of assisting the council and night shelter providers in finding more permanent accommodation. I agree that I am happy for the information on this form to be utilised to consult the necessary bodies and if necessary that further investigations be made. I confirm that all information provided is honest and accurate.

Name

Signed

Date

Referred by		Organisation	
Date Of Referral		Contact number	
Signed			