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| **Tower Hamlets Floating Support** **What type of referral is this? Self/ agency:** |
| **Is this an urgent referral?**  |
| **Date of referral:** |
| **Has the customer agreed to this referral?**  |
| **Referral agency and contact details:**  |

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| **Name of customer:**  |
| **Address:****Postcode:****Local Authority:**  |  |
| **If the customer is a tenant, please provide landlord details:** |  | **Is the customer homeless or at risk of losing their accommodation?** |  |
| **Telephone:**  | **Email:**  |
| **Date of birth:**  | **NI no.**  |
| **Gender:** | **Male**  | [ ]  | **Female**  | [ ]  | **Non-binar** | [ ]  | **Other:** [ ]  **Prefer not to say** [ ]  |
| **Sexuality:**  | **Religion:**  |
| **Ethnic origin: se** | **Nationality:**  |
| **Household Type:** |
| **Single**  |  | **Couple**  | [ ]  | **Family with child/ren dependants**  | [ ]  | **Family with Adult Dependants**  | [ ]  |

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| **Does the customer have an emergency contact, we can call if needed If so, please provide details:** |
| **Name and relationship:** |  |
| **Contact numbers.** |  |

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| **What is the customer’s source of income? E.g., employed / benefits.** |

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| **Is the customer registered with a GP?** | Yes  | [ ]  | No  | [ ]  |
| **Brief details of support requested**:  |
| **Customer concerns, risks, or vulnerabilities**: *e.g., substance misuse, domestic abuse, offending, safeguarding*  |

**By submitting and agreeing to this referral, the customer understands that Peabody will store and process this information as outlined in the Peabody privacy notice. The customer has rights under the Data Protection Act 2018, and they can exercise these rights at any time by contacting Peabody.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Customer or Referrer)

**Please send completed referrals to: towerhamletsfs@peabody.org.uk**