**Shiloh support adults aged 18yrs+ who are homeless or at risk of homelessness**

|  |  |
| --- | --- |
| Name: |  |
| Address & Post Code  Post Code |  |
| Phone number |  |
| Are there any language or diability requirements? |  |
| Please provide details of any known risks or safety concerns that we need to be aware of. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accommodation Status | Homeless |  | At Risk |  |
| Has the adult given consent for this referral? | Yes |  | No |  |

**Reason for referral:**  Please be specific. What are their needs? What support required?

|  |
| --- |
|  |

**Referrer information:**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Email |  |
| Direct line phone number |  |

**Data disclaimer**

Shiloh hold personal information secure in accordance with the EU General Data Protection Regulation (GDPR). Shiloh will use the above data for administration purposes and to further its charitable aims. By submitting this form I understand that Shiloh may share this personal information with other agencies (including the Police) for the purposes of providing support. These organisations will be required to protect this data to the same degree that Shiloh does.

Name/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email this form to contact@shilohrotherham.org.uk**