



Referral From	Alabaré	Charity ex-services	County Court	DCPA*	Hamoaze	RBL*
Quay	Salvation Army*	Shekinah Mission*	PCC	Self	Shelter	SSAFA
Ship*	DGT	Other (please specify)				
* RBL assessor in-house		Contact Point	Harwell Centre	Date	_ / _ / _	

Tenancy Support referral, please complete and return to **Path**, The Harwell Centre, 28-42 Harwell Centre, Western Approach, Plymouth PL1 1PY

General Client Information									
Client's name(s) (in full)								RISK	
National Insurance No									
DOB				Age					
Gender									
Ethnicity									
Phone No									
Mobile No									
Email									
Address									
		Post Code							
Correspondence Address (if different from above)									
		Post Code							
Other Occupants				Relationship		DOB	Age	Gender	
Family Status	Single	Single Parent	Couple	Couple Parent	Other	No. Of Children		No. Of Children At Home	

Further Client Details	
Is the client local to Plymouth?	Yes / No
Where does the client have a local connection?	
Has the Local Authority been approached for housing?	Yes / No



Current Tenancy Details			
Housing Provider		Contact Phone No	
Date moved in		Expected length of stay	
Other Tenancy Information			
Current rent liability	£	Personal top-up	£
Housing benefit	£	Repayment details	
Any arrears?	£		
Any Housing Benefit overpayment?			

Housing History: We would like to know the circumstances around your housing over the past five years and/or including their last settled address			
1. Address			
Tenure Type		Length of time	
Reason you left?			
2. Address			
Tenure Type			
Reason you left?			
3. Address			
Tenure Type			
Reason you left?			
4. Address			
Tenure Type			
Reason you left?			
5. Address			
Tenure Type			
Reason you left?			
Last settled address			

Consent To Collecting And Sharing Information

I am accessing **Path** (Plymouth Access To Housing) services to support me in any accommodation needs I may have.

As part of the support/assessment/placement process, **Path** needs to collect relevant information about me. I authorise **Path** to collect this information which may include information about:

- My physical or mental health
- My racial or ethnic origins
- My religious beliefs
- My offending behaviour and any proceedings resulting from my offending behaviour

Any information shared would be limited to that which has a bearing on the level of support I will require. I understand that this information **may** be disclosed to secondary agencies, eg. Plymouth City Council, other housing providers and any other appropriate agency.

Information held by **Path** will not be used for any other purpose, and will be stored in a secure environment. This information will be held only for as long as it is necessary.

I have been made aware that where a statutory duty exists certain information may be disclosed without my consent.

This agreement complies with the requirement for explicit consent to be given under Schedule 3 of the Data Protection Act 1998.

Name of client	
Date of Birth	
Witness by Path worker	
Date	