
Newquay Lighthouse Project

REFERRAL FORM



Lighthouse Projects are supported housing projects for adults seeking to establish abstinence-based lives after chemical addiction (including alcohol), within a mutual aid community setting. We provide a safe and supportive environment where residents share being part of a mutual aid recovery community with each other, accessing support through mutual aid networks such as Alcoholics Anonymous and Narcotics Anonymous. Our aim is to support our residents as they recover from the ravages of addiction, to help them regain their sense of balance and well-being, and to establish strong foundations for fulfilling and enjoyable lives, with healthy mutually beneficial relationships, and lifestyles that are sustainable over the long term.

Referral process: This application form is the first step in a multi-step process outlined overleaf. The Newquay Lighthouse Project has tried, as far as possible, to simplify its various forms, but a full assessment must be carried out on the suitability of each candidate.

This application will only be accepted from a referral agency or appropriate professional. This is to ensure applicants have always had appropriate advice and been professionally assessed as needing our support. The information you provide in this form will be treated as **STRICTLY CONFIDENTIAL** and for Lighthouse Project staff use only. Forms are stored and destroyed in accordance with GDPR regulations.

Please return this application form to: info@newquaylighthouseproject.org

You can also post this form to 28 St Georges Road, Newquay, Cornwall, TR7 1RD

Date	
Name of referring agency/organization	
Agency contact name	
Job title	
Contact telephone	
Contact email	
Signature	

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Applicant Details

Applicants full name:

Telephone Number:

Are they homeless? Yes/No

If yes, please state length of homelessness:

Current address:

Post code:

Local Authority:

Date of Birth:

Age:

National Insurance Number:

Marital status: Single Married Divorced Living with spouse

Please state their religion

If you do not wish to disclose this, state N/A

Are they leaving prison? <i>Include release date</i>	Yes / No	
Will they be on a tag/license? <i>Include end date</i>	Yes / No	
Will they be attending probation?	Yes / No	
Are they at risk of reoffending?	Yes / No	

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Support Requirements

Do they have any difficulty with any of the following?

Reading	Yes / No	
Writing	Yes / No	
Form filling	Yes / No	
Budgeting	Yes / No	
Processing information	Yes / No	
Managing medication	Yes / No	

Do they have any disabilities? If yes, please give details.	Yes / No	
Do they require any adaptations? If yes, please give details.	Yes / No	
Do they require additional / external support? If yes, please give details.	Yes / No	

Mental Health

Do they have a current mental health issue? If yes, please give details.	Yes / No	
Do they have a history of mental health issues? If yes, please give details.	Yes / No	
Are they taking any prescribed medications for a mental health issue? If yes, please give details.	Yes / No	
Have they previously self-harmed or attempted suicide?	Yes / No	

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Medical Detail

Do they have any current or historical cases of Hepatitis infection?	Yes / No	
Do they have any other infectious medical conditions?	Yes / No	
Do they have any non-infectious medical conditions for which they are receiving treatment?	Yes / No	
Please list all medications that they are currently prescribed including dosage amounts	None	

Addiction Detail

Please describe which substance(s) they have experienced addiction with, including alcohol. <i>Please include drug types, amounts & frequency of use</i>	
How long have they been a substance / alcohol user?	
Have they been through any detox processes? <i>Please include dates & locations.</i>	
Have they previously been to rehab or made any other attempts to resolve their addiction before? <i>Please include names of rehabs or other therapeutic centers & dates attended.</i>	

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General Information

Are they aware of Alcoholics Anonymous / Narcotics Anonymous?	Yes/No
Have they previously attended any meetings?	Yes/No
Are they willing to attend a minimum of 3 meetings per week?	Yes/No
Are they willing to engage in the 12-step recovery process?	Yes/No

Do they have any previous experience of living in a shared/community environment?	Yes/No	
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- Please provide details of any support they currently receive, who provides this and their relationship to them. This includes medical professionals, counsellors, support workers, family members, religious leaders etc.

Name	Role/relationship	Type of Support received	Contact details



Financial Information

What is their main source of income	✓	How much do they receive?	Weekly or monthly?
Employed/Self employed			
Long term sick / disability			
Pension			
Student			
Universal Credit			
ESA			
JSA			
PIP			
Investments / personal finances			
No income			
Other			

Declaration and Consent

Are they related to any member of The Newquay Lighthouse Project’s staff or any committee member?

Yes		No	
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Please ask your client to read through the answers given above and to read the statement below and then ask them to sign below.

The information I have provided is correct, to the best of my knowledge. I understand that The Newquay Lighthouse Project reserves the right to terminate my licence to occupy any accommodation, and withdraw any support, obtained by deliberately providing false information or withholding essential information.

I hereby give permission for all relevant information to be given to this organisation, in respect of my application.

Applicant’s signature

Date

Referrer’s signature

Date

Job Title



Risk Assessment

- This section is to be completed by the agency submitting the referral, not the client. Please tick all risks that are applicable to your client.

Type of Risk	To SELF			To OTHERS		
	High	Med	Low	High	Med	Low
Schedule 1 / Dangerous offender						
Arson						
Accidental fire setting						
History of rape or sexual assault						
Discriminatory verbal abuse						
Discriminatory physical abuse						
Aggressive or intimidating behaviour						
Anti-social behaviour						
Damage to property						

Overall Risk Level Low Medium High

Are you aware of any specific behavioral triggers?	Yes/No	
Are you aware of any specific emotional triggers?	Yes/No	

Please use the space below to provide any additional information:

Please attach any other risk assessments or information relevant to risk when submitting this form.

Signed:.....

Date: / /

Name:

Organisation: