



REGISTRATION FORM

CLIENT REGIS	TRATIO	N										
Date of								Client ID				
Registration								Number				
First Name								Surname				
Nick Name/K	nown							Date of Birth				
as												
Nationality								Arrival in UK (if			
								applicable) (N	/IM/YY)			
NI Number								NI application	1			
								required (Y/N				
Mobile/ Cont	act							Emergency co	ntact			
number								details				
BENEFITS STA												
Does client h		efit		If yes, please		ch						
claim in place	e? (Y/N)			benefits they	are in							
				receipt of?								
If no, please		ppropr				Ī			1			
No claim in p	lace		Not	teligible	igible			Employed		Sanctioned		
Claim Pendin	g		Clai	im Appealed								
Comments												
Comments												
MONITORING	G INFOR	MATIC	N (T	ick Appropriate	e Boxes)							
Gender				Male	Male Female Transgender							
Sexuality	Hetero	sexua		Bisexual	Gay	man		Gay woman		Other/Specify:		
_									•			
				White Bri	tish							
Ethnic Group)			White Iris	White Irish							
				Gypsy or	Gypsy or Irish Traveller							
				Any other	Any other white background							
				White and	White and Black Caribbean							
					White and Black African							
				White and	White and Asian							
				Any other	Any other mixed/multiple ethnic background							
				Indian	Indian							
				Pakistani	Pakistani							
					Bangladeshi							
				Chinese								
				Any other								
					Black/Black British – African							
					Black/Black British – Caribbean							
					Any other Black/African/Caribbean background							
					Arab							
				Other								
				Refused								

CLIENT HOUSING HISTORY

Conviction of Arson? (Y/N)

Current Situatio	n (Tick Ap _l	oropriate	Boxes)									
Rough Sleeping (R/S)				Sofa Surfing (S/S)								
Supported Accor	mmodatio	n (SAC)		Mix								
Other (Please co	mment)											
Please provide estimation of how long client has been living in current situation?												
Last known add	ress											
Address Details							-	Type of				
Inc postcode								accommoda	tion (e	.g.		
Reason for leavi	ng							SAC, Parents	s, Frien	ds)		
Date Ended (MM	1/YY)											
Last known tena	ıncy											
Address Details								Type of				
Inc postcode								accommoda	-	e.g.		
Reason for leavi	ng							SAC, Private))			
Date Ended (MM												
Engagement wit						1						
Has client made			If	yes, pleas	e							
homeless applica	ation?			omment o								
(Y/N/Unsure)				utcome an	nd local							
				authority								
Is client on housing				If yes, which								
needs register? ((Y/N)			band? (please								
				omment)		<u> </u>						
Engagement wit		ervices						11				
Is client care lead (Y/N)	ver?		if yes	, is client (unaer 21	yrs ot age	? (Y/N	1)				
If yes, is client under			Care	Care-leavers may be able to get housing help from social services until they turn 21, or								
24yrs of age and			until they are 24 if they are still studying full time. The help the individual may get									
studying fulltime	? (Y/N)			depends on their age and what help social services provides locally.								
Military Backgro	ound (Plea	se consi	der any	campaign	ing issue	s)						
Is client Ex-Force	es (Army,		If yes	, please p	rovide							
RAF or Royal Nav	vy)?		brief	brief details (inc								
(Y/N)			milita	military ID number if								
				known)								
Reconnection Re	equired											
Comments												
SUPPORT NEEDS												
OFFENDING (Tic	k Appropri	iate Boxe	es or list	Y/N when	asked)							
Any previous rep	rimands, v	warning	s, cautio	ns?	Yes			No		Don't kno	W	
Any Convictions	? (Y/N)				I		1	1	1			1
Offence	Sentence	<u> </u>	Senten	се Туре	Time S	erved	Time	Туре	Prison Y		Year	
				71 -				,,				

Hostels must take reasonable steps when considering insurance risk

Has client left prison within last three	e months? (Y/N)	Start date o	f sentence				
		Release dat	е				
Is Client currently on	If Yes, please co	mment: inc		•			
probation? (Y/N)	Probation terms						
productiv (1,11)	details if known						
	actails if known						
Is Client subject to any	Programme type	a neriod of tin	20				
Community/ Supervision		•					
		(6mths-3yrs) and requirements if known (inc curfew's and tags)					
orders (Inc DRR, Drug	known (inc curre	ew's and tags)					
Rehabilitation Requirement,							
ATR, Alcohol Treatment							
Requirement)							
Is client on bail (Y/N)	If Yes, please co						
	Conditions						
Is client under DIP (Drug	If Yes, please co	mment: inc DI	Р				
Interventions Programme) (Y/N)	workers name						
Schedule One Offence? (Y/N)	All forms of child abo	use; Any form	of sexual assa	ult; All other	forms of		
, , ,	maltreatment including		-	=			
			or cruelty.		,,		
MAPPA (Multi-agency public			· · ·			<u>I</u>	
protection arrangements) -							
Please comment: Inc							
restrictions and Category (1, 2,							
3)							
SOPO (Sexual offences							
prevention orders) - Please							
comment: Inc restrictions and							
relevant safeguarding details							
Is client on ViSOR (Violent Sex	If Yes, please comm	nent: inc					
offenders Register)	length of term						
Is client on Sex offenders	If Yes, please comm	nent: inc					
register? (Y/N)	length of term						
SUBSTANCE MISUSE							
DRUG USE (List Y/N when asked)							
Is Client currently using drugs/psych	oactive substances? (Y/	N)					
If Yes, please list substance use	Substance	,	Amount	Cost	Frequency	1	
(Amphetamines/Speed,			7	-	11040.0104		
Benzos/Cannabis/Cocaine/Heroin/							
prescription misuse drugs, NPS							
(Legal highs etc.), amount,							
frequency of use, cost and							
approximate length of time client							
has been using?							
Safer methods - Please list if client is							
scripted (e.g. Methadone/Suboxone							
– the amount they are taking and							
the frequency they are taking it).							
, , , , , , , , , , , , , , , , , , , ,							
Is client injecting drugs, sharing							
needles? Awareness of needle							
exchange and safer injecting?					<u> </u>		
Is client currently engaged with supp	oort agencies? (Y/N)						
If Yes, please list agencies (Turning							
Point, NA etc)							
If No, signposted to support agencie							

Please comment which agency						
Is Client in <u>recovery</u> ? (Y/N)						
If Yes, please comment on period of abstinence						
If no current substance misuse noted, c substances? (Y/N)	does Client have a <u>history</u> of using dru _l	gs or psychoactive				
If Yes, Please list substance use frequency of use, approximate length of time and periods of abstinence?						
ALCOHOL USE (List Y/N when asked)						
Does client have a <u>current</u> alcohol issue	e (exceeds recommendations)? (Y/N)					
Please list alcohol use , approximate frequency of use and length of time client has been drinking?						
Is client prescribed medications linked to alcohol use? (e.g. Campral, Antabuse, Naltrexone) - Please provide details.						
Medication	Dose	Frequency				
Is client currently engaged with suppor	rt agencies? (Y/N)					
If Yes, please list agencies (Turning	rt agencies? (Y/N)					
If Yes, please list agencies (Turning Point, AA etc)						
If Yes, please list agencies (Turning Point, AA etc) If No, signposted to support agencies (
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If Yes, please list agencies (Turning Point, AA etc) If No, signposted to support agencies (
If Yes, please list agencies (Turning Point, AA etc) If No, signposted to support agencies (Please comment which agency Is Client in recovery? (Y/N) If Yes, please comment on period of						
If Yes, please list agencies (Turning Point, AA etc) If No, signposted to support agencies (Please comment which agency Is Client in recovery? (Y/N)	Y/N)	e?				

HEALTH NEEDS				
PHYSICAL HEALTH (Tick Appropriate B		asked)		
Does client have current physical hea	lth issue? (Y/N)			
Health Issue	Diagnosed (Year)	Health Issue		Diagnosed (Year)
Medication	Dose		Eroguanay	
Wedication	Dose		Frequency	
Does client have any diagnosed	If Yes,	nlease		
allergies? (Y/N)	comm	•		
Does the client smoke?	Commi	ent		
Please list any additional				
undiagnosed health issues,				
approximate dates and self				
medication.				
		T		
Has client left hospital in the last 3 me	onths? (Y/N)	Date of Discharg	e	
Please comment on any hospital				
admissions and discharge				
Please comment on any <u>historical</u>				
health issues				
Is the client registered with a dentist ?	P (Y/N)			
When did client last attend a dentist a	ppointment? Approx.	Date		
Is client registered with GP ? (Y/N)				
If Yes, please list Name of GP and				<u>.</u>
Surgery if known				
If No current GP or relocation required	d- Does client require	GP c/o letter? (Y/I	N)	
		C. 9, C. 1011011 (17)	•,	
Allocation to a GP Practice Required	snecial circumstances) (V/N)		
Anotation to a di Tractice Required	Special circumstances	(1/14)		
Client may not be currently registere	d with a GD and com	at find any local -	ractico willing to accom	t thom as a nationt
Chem may not be currently registere				a arem us a patient:
European Hoolth Income and Count /FUI		NHS allocation for	'III	
European Health Insurance Card (EHIC	.) kequirea (Y/N)			
006 / "			<u> </u>	;;; CD
GP Surgery's will now ask all new p				
Does client describe themselves as di	sabled? Yes	No	Declined to answe	r I

MENTAL HEALTH (Tick Appro	MENTAL HEALTH (Tick Appropriate Boxes or list Y/N when asked)							
Does client have <u>current</u> me	ntal health is	ssue? (Y	′/N)					
If yes, please list								
diagnosed mental health								
issues (bipolar,								
depression, personality								
disorder, PTSD,								
Schizophrenia etc),								
approximate dates								
Medication		Dose				Frequency		
Mental Health Symptoms Ex	kperienced							
Aggressive/Violent towards	others				Flashbacks			
Cognitive Issues					Night terrors			
Difficulty Sleeping					Often feel an	xious		
Disorientation at night					Often feel str	essed		
Feel Depressed					Panic attacks			
Hears Voices					Paranoia			
Hallucinations					Self-harm			
Find it hard to control anger		Suicidal thou			Suicidal thou	ghts		
Has client been discharged for		nealth		Date of Disc	charge			
hospital in the last 3 months								
Has client ever been section	ed ? (Y/N)							
	T							
	Please comment on any hospital							
admissions and section deta	nils							
Di								
Please comment on any <u>hist</u> mental health issues	<u>oricai</u>							
mental health issues								
Is client engaged with Comn	aunity Manta	l Hoolt	h toom	2 (V/NI)		1		
is chefit eligaged with collin	iuiiity ivieiita	и пеан	ii teaiii	f (1/1N)				
If Yes, please list name of co	mmunity nsv	chiatric						
nurse (CPN)/ MH support we								
details	orker and wi	. crasc						
If No, signposted to local co	mmunity tea	m/crisi	s team	(Y/N)				
in its, significated to local col		,	o touiii	(.,,				
Comment								
Does client have Complex no	eeds? (Y/N)							

Additional commen	ts (Please complete where necessary)
Risk to self/others	
Motivation/life skills/ Taking Responsibility	
Communication Skills/ Maintaining relationships	
Further comments	