



PLATO TRUST

Housing Referral Form (version 3, 2026)

PART A – to be completed by person making the referral

1. Applicant / Candidate Details

- 1.1 Full name
- 1.2 Date of birth
- 1.3 National Insurance number
- 1.4 Current address

- 1.5 Telephone number(s)
- 1.6 Mobile number(s)
- 1.7 Email address

2. Next of Kin / Emergency Contact

- 2.1 Name in full
- 2.2 Relationship to applicant
- 2.3 Address
- 2.4 Telephone number(s)
- 2.5 Mobile number(s)
- 2.6 Email address

3. Referring Agent / Professional

- 3.1 Name in full
- 3.2 Profession / designation
- 3.3 Organisation / service
- 3.4 Address
- 3.5 Telephone number(s)
- 3.6 Mobile number
- 3.7 Email address
- 3.8 How long have you been involved with the applicant, and in what capacity?

3.9 When was the applicant last seen in a professional context?

3.10 Please describe your involvement with the applicant.

4. Immigration / Residency Status (where applicable)

4.1 Does the applicant have the right to reside in the UK? ☐ Yes ☐ No ☐ Not applicable

If applicable, please provide details of their immigration / residency status.

5. GP / Medical and Mental Health Information

5.1 GP / Doctor's name

5.2 Surgery / practice address

5.3 Telephone

5.4 Mobile number (if applicable)

5.5 Email address

5.6 Does the applicant have mental health problems? ☐ Yes ☐ No

5.7 Is the applicant currently receiving psychiatric care? ☐ Yes ☐ No

If yes, please give brief details of the care being received.

5.8 What is the applicant's diagnosis / diagnosed mental health condition(s)?

5.9 What psychiatric symptoms does the applicant experience?

5.10 Are there any behavioural problems or behaviours of concern?

5.11 Has the applicant previously been hospitalised? If so, please give details, including Mental Health Act status upon admission where relevant.

5.12 What medication is the applicant currently taking, if any?

5.13 Please describe past and current treatment, including attendance/adherence to treatment, response to treatment and any difficulties with engagement.

6. Consultant / Specialist and Other Services

6.1 Consultant / specialist name

6.2 Service / organisation

6.3 Address

6.4 Telephone

6.5 Mobile number (if applicable)

6.6 Email address

6.7 What other services is the applicant receiving?

6.8 Does the applicant receive further care or support from relatives, friends or other people? If so, please give details.

7. Care, Support and Emergency Arrangements

7.1 Does the applicant currently receive support from any of the following? ☐ Community Mental Health Team (CMHT) ☐ Social Worker ☐ GP ☐ Support Worker / Charity ☐ Other

If yes, please provide details of current care plans, including any relevant statutory plans (for example, Section 117).

7.2 Please provide the name and contact details of the main support professional.

7.3 Please provide details of any out-of-hours / emergency support contact.

7.4 What level of support and/or contact is currently provided or expected each week?

7.5 What key factors or warning signs may indicate a decline or relapse in the applicant's mental health?

7.6 What action should be taken when these signs or symptoms appear?

8. Accommodation and Shared Living

8.1 Would the applicant accept accommodation with shared facilities?

☐ Yes ☐ No ☐ With conditions (add below)

8.2 Would the applicant be willing to share a kitchen? ☐ Yes ☐ No

8.3 Would the applicant be willing to share a bathroom? ☐ Yes ☐ No

8.4 Are there any particular accommodation requirements or preferences, including reasons for these (e.g. physical disability)?

8.5 What area(s) are preferred for accommodation?

☐ Warwick

☐ Leamington-Spa

☐ Kenilworth

☐ Any

8.6 Is the accommodation required on a long-term or short-term basis? ☐ Long-term ☐ Short-term

9. Ability to Live Independently

9.1 Can the applicant manage personal care and personal hygiene independently? ☐ Yes ☐ No ☐ With support (add details below)

9.2 Can the applicant prepare meals / cook safely? ☐ Yes ☐ No ☐ With support (add details below)

9.3 Can the applicant keep their room and shared areas clean, tidy and safe?

☐ Yes ☐ No ☐ With support (add details below)

9.4 Can the applicant manage their own finances / budgeting? ☐ Yes ☐ No ☐ With support (add details below)

9.5 Can the applicant live cooperatively with others? ☐ Yes ☐ No ☐ With support (add details below)

9.6 Does the applicant understand and have the ability to follow house rules? ☐ Yes ☐ No ☐ With support (add details below)

9.7 Are there any other areas where the applicant needs support to live independently?

9.8 Does the applicant have any disability or physical health issue that affects their ability to live independently? ☐ Yes ☐ No

If yes, please give details.

10. Substance Use and Smoking

10.1 Does the applicant currently use illegal drugs? ☐ Yes ☐ No

10.2 Does the applicant have any history of drug misuse? ☐ Yes ☐ No

If yes, please give details of past and/or current drug use.

10.3 Does the applicant currently use alcohol? ☐ Yes ☐ No

10.4 Is there any history of alcohol misuse or persistent alcohol abuse? ☐ Yes ☐ No

If yes, please give details.

10.5 Does the applicant smoke? ☐ Yes ☐ No

10.6 Is the applicant aware that Plato Trust accommodation is non-smoking and drug-free, and does the applicant agree to comply with this requirement? ☐ Yes ☐ No

11. Offending History, Risk and Safeguarding

11.1 Does the applicant have any past or current offending history? ☐ Yes ☐ No

If yes, please give dates and relevant information.

11.2 Has a risk assessment been completed? ☐ Yes ☐ No

11.3 Please identify any current or historical risks to the applicant, other residents, staff or others. Attach latest risk assessment if applicable.

11.4 Are there any intermittent or recurring thoughts, behaviours or circumstances involving self-harm or harm to others that should be considered in the risk assessment?

11.5 Are there any known triggers or circumstances that may increase risk?

11.6 What signs or symptoms would help staff identify a deterioration or relapse in the applicant's condition?

11.7 What action should staff take on the onset of these signs or symptoms?

12. Housing History and Current Housing Circumstances

12.1 Has the applicant applied to any other accommodation agency besides Plato Trust? ☐ Yes ☐ No

If yes, please give details.

12.2 Does the applicant currently hold a tenancy elsewhere? ☐ Yes ☐ No

If yes, please give the address and tenancy dates.

12.3 Has the applicant previously held a tenancy with 'South Warwickshire Group Homes' or Plato Trust?

☐ Yes ☐ No

If yes, please give the address, dates and reason for leaving.

12.4 Has the applicant previously held a tenancy elsewhere? ☐ Yes ☐ No

If yes, please give the landlord's name, address, telephone number, tenancy dates and reason for leaving.

12.5 Please give the reason the applicant is requesting Plato Trust group-home / supported accommodation.

12.6 Is the applicant currently at risk of homelessness or otherwise in urgent need of alternative accommodation? If so, please explain.

13. Benefits, Income and Financial Suitability

13.1 Is the applicant currently in employment? ☐ Yes ☐ No

If yes, please give details of employment and income received.

13.2 Is the applicant currently receiving Universal Credit? ☐ Yes ☐ No

If yes, what is the Universal Credit reference number?

13.3 What other benefits are currently received (for example ESA, PIP, JSA)?

13.4 When is each benefit paid?

13.5 What is the applicant's weekly / monthly income from benefits?

13.6 What savings or capital does the applicant have, including bank accounts?

13.7 Please provide the applicant's bank account details - required for benefit administration (account name, sort code and last four digits of account number).

14. Social History, Interests and Daily Life

14.1 Please describe the applicant's family background and relationships.

14.2 Please describe the applicant's work / employment history.

14.3 Please describe the applicant's present situation and circumstances.

14.4 What difficulties does the applicant currently experience (if not already outlined in section 5 above)?

14.5 What motivates the applicant and what are their goals or aspirations?

14.6 What hobbies or interests does the applicant have?

14.7 How does the applicant usually spend their time?

14.8 How does the applicant interact socially with others?

15. Additional Information and Supporting Documents

15.1 Please provide any additional information that may be useful to the Plato Trust team when considering this referral.

15.2 Are there any ongoing issues or problems, not recorded above, which you feel should form part of the accommodation or risk assessment?

15.3 Are there any particular conditions, adjustments or support arrangements that you recommend for the applicant's accommodation?

15.4 Are there any other relevant reports or documents that should be appended to this referral?

15.5 Supporting documents to request / attach where applicable:

- ☐ All historical and current risk assessments.
- ☐ All historical, current and future care plans, including agencies involved and hours of contact per week provided / expected.
- ☐ Relevant medical, psychiatric or other professional reports.
- ☐ Proof of ID.
- ☐ Proof of National Insurance Number.
- ☐ Proof of Benefits.
- ☐ Plato Trust License, signed and dated.

PART B – for completion by Plato Trust Staff

1. Applicant Understanding, Agreement and Consent – To be completed by PLATO TRUST staff

1.1 Does the applicant understand that Plato Trust accommodation is provided under a licence agreement rather than a tenancy? ☐ Yes ☐ No

1.2 Does the applicant understand and agree to comply with the house rules, including no smoking and no illegal drug use on the premises? ☐ Yes ☐ No

1.3 Does the applicant understand that they are responsible for paying any rent not covered by Housing Benefit / Universal Credit? ☐ Yes ☐ No

1.4 Does the applicant consent to Plato Trust applying for and administering relevant housing-related benefits on their behalf? ☐ Yes ☐ No

1.5 Has the applicant read and understood the data protection / GDPR information and consented to the processing of their personal and sensitive information for the stated purposes? ☐ Yes ☐ No

1.6 Does the applicant understand the rent amount and their responsibility to pay any rent not covered by Housing Benefit / Universal Credit? ☐ Yes ☐ No

1.7 Has the preferred rent payment method been discussed? ☐ Yes ☐ No

1.8 Is a Standing Order the preferred payment method? ☐ Yes ☐ No

1.9 Does the applicant agree to pay rent on time? ☐ Yes ☐ No

1.10 Does the applicant consent to Plato Trust applying for Housing Benefit / Universal Credit housing support on their behalf? ☐ Yes ☐ No

2. Staff Assessment / Outcome - To be completed by PLATO TRUST staff

2.1 Is the applicant aged 18 or over? ☐ Yes ☐ No

2.2 Does the applicant have a diagnosed mental illness / mental health condition relevant to the referral? ☐ Yes ☐ No

2.3 Is the applicant able to live generally independently with limited support? ☐ Yes ☐ No

2.4 Is the applicant suitable for this level of accommodation, with no requirement for 24-hour care?
☐ Yes ☐ No

2.5 Is the applicant suitable for Plato Trust accommodation? ☐ Yes ☐ No

2.6 If suitable, are there any conditions or specific support arrangements required?

2.7 If not suitable, please record the reasons sensitively.

2.8 Are there any identified risks, safeguarding concerns or management considerations?

Staff name

Date

Staff signature

PART C- GDPR – To be read and signed by applicant

How Plato Trust Uses Your Information

Plato Trust is committed to protecting your personal data and handling it responsibly in accordance with the **UK General Data Protection Regulation (UK GDPR)** and the **Data Protection Act 2018**.

The personal and sensitive information you provide in this form will be used for the following purposes:

- Assessing your suitability for accommodation provided by Plato Trust
- Managing and supporting your licence agreement
- Applying for and administering Housing Benefit and/or Universal Credit on your behalf
- Safeguarding residents, staff, and others
- Liaising with relevant support services, local authorities, and benefit agencies where necessary

Types of Data We Collect

This may include:

- Personal identification and contact details
- Financial information (income, benefits, savings)
- Health information, including mental health details
- Information about substance use and offending history
- Emergency contact details

Some of this information is classified as **special category data**, which we process only where necessary and lawful to do so.

Lawful Basis for Processing

Plato Trust processes your data under the following lawful bases:

- **Consent** – where you have given clear permission
- **Contract / Licence** – to manage accommodation arrangements
- **Legal obligation** – including benefit administration and safeguarding duties
- **Vital interests** – where processing is necessary to protect your health or safety or that of others

Sharing Your Information

Your information will only be shared where necessary and appropriate, for example with:

- Local authorities and the Department for Work and Pensions (DWP)
- Healthcare and mental health professionals involved in your support
- Other agencies where required for safeguarding or legal reasons

We will never sell your personal data.

Data Storage and Retention

Your information will be stored securely and accessed only by authorised staff. Data will be retained only for as long as necessary in line with legal and regulatory requirements.

Your Rights

Under data protection law, you have the right to:

- Access the personal data we hold about you
- Request correction of inaccurate or incomplete data
- Request deletion of your data where appropriate
- Restrict or object to certain types of processing
- Withdraw consent at any time (where processing is based on consent)

Consent

By signing this form, you confirm that you:

- Have read and understood this data protection notice

- Consent to Plato Trust processing your personal and sensitive data for the purposes described above

Signed by Applicant:

Name in Full

Witnessed by:

Date: