

Referral to IHAG's Money Advice Service

Please complete all four sections



Section A – Referral Details	
Date of referral <input type="text"/>	Are you at risk of Homelessness? Yes <input type="checkbox"/> No <input type="checkbox"/>
Where did you hear about IHAG?	
If you have been anywhere else for advice, please say where:	
To enable you to be seen as quickly as possible please tell us if you have ever been in trouble with the police or if you have a connection with the armed forces:	
Please tell us briefly why you need the help:	
Landlord/Housing Provider/Owned <input type="text"/>	Tick if Rent/Mortgage Arrears? <input type="checkbox"/>

Section B – Your Details	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname <input type="text"/>	First Names <input type="text"/>
Contact Address <input type="text"/>	Contact No(s) / Email <input type="text"/>
National Insurance No <input type="text"/>	Date of Birth <input type="text"/>
Country of Birth <input type="text"/>	Nationality <input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>	No of Dependants <input type="text"/> Lone Parent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consider yourself to be disabled Yes <input type="checkbox"/> No <input type="checkbox"/>	If you are unable to visit our 1 st Floor offices, please let us know and we may be able to make alternative arrangements.
Tick if difficulties understanding English (written & spoken) <input type="checkbox"/>	
Work: Unemployed <input type="text"/>	Employed (State Hours per week/Days/Times or Shifts) <input type="text"/>

Section C - Ethnicity			
White British	<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British Other Background	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>
Mixed White and Black Caribbean	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>
Mixed White and Asian	<input type="checkbox"/>	Black or Black British Other Background	<input type="checkbox"/>
Mixed White and Other Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Romany/Gypsy/Traveller	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Section C2 - Religion			
No religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Other Religion	<input type="checkbox"/>
Do not wish to say	<input type="checkbox"/>		

Section C3 – Sexual Orientation			
Heterosexual (Straight)	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>	Do not wish to say	<input type="checkbox"/>

Tick if have a partner – complete details if also requires advice					
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname	<input type="text"/>		First Names	<input type="text"/>	
National Insurance No	<input type="text"/>		Date of Birth	<input type="text"/>	
Contact No /Email	<input type="text"/>				
Country of Birth	<input type="text"/>		Nationality	<input type="text"/>	
Work:	Unemployed <input type="checkbox"/>	Employed (State Hours per week/Days/Time of Shifts)	<input type="text"/>		

Section D – Confidentiality			
I understand that all information volunteered or given to IHAG will be treated as confidential and I agree to my personal details being recorded, stored and used for other relevant purposes such as any auditing process.			
Signed (Client)	<input type="text"/>	Date	<input type="text"/>

Office Use							
IHAG referrals only:	<table border="1"> <tr> <td>Waiting List</td> <td><input type="checkbox"/></td> <td>Tenant</td> <td><input type="checkbox"/></td> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table>	Waiting List	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Other	<input type="checkbox"/>
Waiting List	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Assessment / Appointment made for:							