

# Veterans' Nomination Scheme referral form

Reg Charity No: 207939 Website: www.stoll.org.uk E-mail: info@stoll.org.uk

**Please complete this form and return by email, fax or post to:**

The Veterans' Nomination Scheme  
Stoll  
446 Fulham Road  
London  
SW6 1DT

Phone: 020 7385 2110  
Fax: 020 7381 7484  
Email: vns@stoll.org.uk

## 1. Referrer's contact details

Name:
Job Role:
Organisation:
Address:
Work phone number:
Mobile number:
Email address:

## 2. Veteran's personal details

Name:	D.O.B:
Addresses for the past 5 years:	Contact details:
Has the veteran had a previous/current VNS tenancy?	
Yes                      No	
Any current arrears?	
Yes                      No	

If so, is there a repayment plan in place?	
Yes	No
N/A	
Service no.:	Service branch: (e.g. Army/RAF/Navy)
Unit:	National Insurance Number:
Date of enlistment:	Date of discharge:
Reason for discharge:	
Requested nomination areas:	

**Please be aware that ALL Housing Associations and Local Borough Councils will do full credit checks.**

**Additional Occupants** (Please fill in the following details about each person who will live in the property)

Surname	First Name	Sex	Date of Birth	Relationship to you

**Pets**

Do you have any pets? Yes  No

If so, please give details....

**3. Medical information**

Does the Veteran have a disability which needs to be considered, if an offer of accommodation is made?  
 Yes  No

If yes, please provide further details in the box below:

**4. Referral details**

Please provide details about the Veteran's service and life history, some background about their current situation and so on. Please also provide information about their ability to live independently.

Please address the following points:

Current housing situation, past issues (where relevant) and service history:
Economic status (income, e.g. self-employed, employed full time, etc):
Drug and alcohol misuse (where applicable):
Physical health:
Emotional and mental health:
Managing current tenancy and accommodation:

### 5. Risk Assessment

Please state "yes" in the relevant boxes if there is a known current or past risk. If you state "yes" to any risk, please provide further details.

<b>Safeguarding</b>	<b>Current</b>	<b>Past</b>
Risk of abuse/exploitation from others (e.g. sexual, emotional, financial, physical etc)		
Risk of self-neglect, e.g. failure to eat regularly or attend to basic tasks of self-care).		
<b>Risk to self</b>		
Risk of non-compliance with/or forgetfulness around taking medication		
Risk of harm to self		
History of suicidal thoughts/attempts.		
<b>Risk to Others/Offending/Behaviour</b>		
Current risk/past history of violence or verbal aggression		
History of sexual offences against adults or children		
Convictions: please include <b>unspent</b> convictions and provide details below		<b>N/A</b>
History of collecting firearms/other weapons		
Is there anything else in the customer's behaviour which gives cause for concern?		
<b>Physical Health /Mental Health/Disability</b>		
Risks due to physical or other disability		
Risks due to mental health		
Mobility-related problems and/or risks related to this (e.g. history of falls etc).		
<b>Substance Misuse/Addictions</b>		
Current risk/ history of drug misuse.		
Current risk/history of alcohol misuse		
Current risk/history of gambling problems		
<b>Money and Finances</b>		
Current risk/history of problems around managing finances.		
<b>Lone Working</b>		
Identified issues around lone working. If so, please provide details.		

**Details of risk issues**

If you have put “yes” to any of the above risk issues, please provide details and please state what risk management plans are in place, if applicable:

**6. Declaration by Veteran**

We may reject your referral, and any future tenancy you obtain may be at risk, if you have knowingly made a false statement on this application form.

I confirm that, as far as I know, the information I have given in connection with this application for the Veterans’ Nomination Scheme is correct. I will tell you immediately if there is any change in my circumstances.

I give you and relevant partner agencies permission to make any reasonable enquiries to confirm any details I have given on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Data Protection Act**

**We will put information you give on this form (called ‘personal data’ in the Act) on our computer system and process it for the purpose of helping you move. We may give your information to any person or organisation for this purpose or if the Act allows us to. We may also use your information for our own research purposes (but not for direct marketing). We are the ‘data controller’ for this information. You have the right to ask us for a copy of your information, and for a description of how we are using it and who we may give it to.**

## 7. Declaration by Referrer

I confirm that, as far as I know, the information given on this form in connection with the Veteran's application for the Veterans' Nomination Scheme is correct. I will tell you immediately if there is any change in their circumstances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Documents to be Enclosed

Please tick the box that you have enclosed the required document:

Proof of Service	Enclosed
<i>A copy of a document that proves your service (e.g. service identity card, discharge papers, red book, etc).</i>	
Identification	
<i>Copy of full birth certificate or passport</i>	
Proof of Income	
<i>Copies of Proof of Income for the past three months (e.g. benefits, wage slips)</i>	
<i>Copies of Bank Statements for the past three months</i>	
Supporting Letter	
<i>Supporting letter from referrer</i>	

### **Application cannot be processed without supporting documentation**

All information given is treated as confidential and covered under the Data Protection Act 1998

## Equality and Diversity Monitoring Form

The following questions are used for the purposes of monitoring our Equality and Diversity Policy and ensuring that it is effective. They are not used when making decisions about your housing application. You are requested to complete this form as without it, it is not possible to monitor our policy. The information will be treated as strictly confidential. Please tick only one box per question.

### I would describe my ethnicity as:

#### White

- British  
 Irish  
 Any other white background

#### Mixed

- White & Black Caribbean  
 White & Black African  
 White & Asian  
 Any other mixed background

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

**Black or Black British**

- Caribbean
- African
- Any other black background

**Chinese or Other Ethnic group**

- Chinese
- Any other ethnic group

**I would describe my religion or belief as:**

- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion
- No religion

**I would describe my sexual orientation as:**

- Lesbian
- Gay Man
- Bi-Sexual
- Heterosexual
- Other

**Thank you for completing this form.**