



Champions Pathway

Referral Form

Sport-Based Supported Accommodation (Ages 18–25)

Important Information

This form collects information required by Unity Support & Housing Group Ltd to assess suitability for the Champions Pathway programme. Please ensure every question is answered and supporting documentation is provided where requested. The form must be signed or verified by a professional from the referring agency.

Tier Requested: (Please tick one box)

- Tier 2 — Housing Programme (18–25)
- Tier 1 — Training & Mentoring (non-residential)
- Tier 3 — Progression Route (talent / coaching / employment)

Pathway Stream: (Please tick one box)

- Men's Structured Boxing Pathway House Women's Rise Programme

Please return completed form to: **Unity Support & Housing Group Ltd**
Unit 1 Park Lane Business Centre | Park Lane | Nottingham NG6 0DY
Email: info@unitysupportandhousing.org.uk | Tel: 07494 150 123

PART ONE: Referrer Details

1. Referrer's name:	
2. Organisation:	
3. Role / job title:	
4. Telephone:	
5. Email:	
6. Date of referral:	

PART TWO: Individual Details

7. Full name:	
8. Date of birth (DD/MM/YYYY):	
9. National Insurance number:	

10. Is the individual:

Male

Female

Other

11. Current address:	
12. Current accommodation type:	
13. Local authority area:	
14. Ethnicity:	
15. Nationality / immigration status:	
16. NHS number:	
17. GP name and surgery:	
18. Next of kin / emergency contact:	

Safe Contact Arrangements (Women's Rise / Safeguarding)

Safe contact number (if different):	
Safe times to contact:	
Any restrictions on contact?	

PART THREE: Legal and Statutory Status

19. Is the individual a care leaver?

Yes

No

If yes, PA name and contact:

20. Probation or YOT supervision?

Yes

No

If yes, officer name and contact:

21. MAPPA level:

Not applicable

Level 1

Level 2

Level 3

22. Court orders / bail / licence conditions:

23. Restraining orders:

24. MARAC involvement? (Women's Rise)

Yes

No

If yes, IDVA name and contact:

25. Housing Benefit status:

Currently in payment

To be applied for

Universal Credit housing element

PART FOUR: Support Needs and Presenting Issues

26. Mental health (diagnosed or undiagnosed):

27. Substance or alcohol use (current and history):

28. Self-harm or suicidal ideation:

29. Offending history (summary):

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30. Current prescribed medication (if known):

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31. Domestic abuse (perpetrator / survivor / both):

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32. Exploitation risk (CSE / CCE / county lines / gangs):

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33. Physical health conditions or disability:

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34. Learning difficulties / neurodivergence:

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35. Education or employment status:

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36. Key strengths, interests, and motivations:

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Current Risk to Others

37. Current risk of violence / aggression:

Low Medium High Unknown

38. History of weapons / possession:

Yes No Unknown

39. Risk of intimidation / coercion to others:

Low Medium High Unknown

Brief details (if applicable):

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PART FIVE: Reason for Referral

40. Reason for leaving current accommodation / placement:

Include any safeguarding issues, eviction risk, breakdown, licence end date, or prison release date.

41. Please describe why the Champions Pathway is being considered and what outcomes are hoped for:

42. Has a risk assessment been completed?

Yes

No

DOCUMENT REQUIRED (where available): Please attach a copy of any risk assessment, safeguarding referral, or relevant professional reports.

Supporting Documents (tick what is attached)

Risk assessment

OASys / risk management plan

Licence conditions

MARAC / IDVA summary

Mental health report / care plan

CPA / discharge summary

Social work assessment

Safeguarding referral history

Other: _____

PART SIX: Declaration

43. I understand and agree with the following:

- Unity Support & Housing Group Ltd will use this information to determine whether it can offer a placement on the Champions Pathway programme.
- Unity may share relevant information with partner agencies involved in the individual's care and support.
- The individual has been consulted about this referral and is willing to engage with a structured programme.
- If inaccurate or incomplete information is provided, any placement offer may be withdrawn.

We will process personal information in line with UK GDPR and retain it only as long as necessary for assessment, placement decisions, and legal requirements.

44. I declare that the information I have provided is correct and complete.

Signature:	
Print name:	
Date (DD/MM/YYYY):	
Relationship to individual:	

45. Individual's consent:

I agree to this referral and understand the Champions Pathway is a structured programme requiring my active engagement.

Signature:	
Print name:	
Date (DD/MM/YYYY):	

If the individual cannot sign today:

Please confirm capacity status and who is providing consent or authority (e.g. best interests decision, advocate, or professional authority).

Capacity status:	
Name and role of person providing consent:	

This is the end of the form.

Thank you for completing this referral. Unity Support & Housing Group Ltd aims to review and respond within 5 working days.