



Women's Pathway

Referral Form

Women-Only Exempt Supported Accommodation

Important Information

This form collects information required by Unity Support & Housing Group Ltd to assess suitability for the Women's Pathway — women-only exempt supported accommodation with housing-related support. 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.

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

PART THREE: Safety and Risk Information

18. Is this referral related to domestic abuse?

Yes

No

If yes, brief summary of abuse history and current risk:

--

19. Has a DASH risk assessment been completed?

Yes — attached

Yes — not attached

No

20. MARAC involvement?

Yes

No

If yes, IDVA name and contact:

--	--

21. Restraining orders, non-molestation orders, or injunctions in place?

Yes

No

If yes, details:

--	--

22. Is the perpetrator's location known?

Yes

No

Unknown

If known, state general area:

--	--

23. Exploitation risk (CSE, CCE, trafficking, county lines)?

Yes

No

Suspected

If yes, details:

--	--

24. Active safeguarding referral or investigation?

Yes

No

If yes, lead professional name and contact:

--	--

PART FOUR: Legal and Statutory Status

25. Is the individual a care leaver?

Yes

No

If yes, PA name and contact:

26. Probation or licence conditions?

Yes

No

If yes, officer name and contact:

27. Court orders / bail / licence conditions:

28. Immigration status:

British citizen

Settled status

Leave to remain

Refugee status

No recourse to public funds

Other

If NRPF, confirmed funding from referring authority?

29. Housing Benefit status:

Currently in payment

To be applied for

Universal Credit housing element

PART FIVE: Support Needs and Presenting Issues

30. Mental health (diagnosed or undiagnosed):

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

32. Self-harm or suicidal ideation:

33. Physical health conditions or disability:

34. Learning difficulties / neurodivergence:

35. Offending history (summary):

36. Education or employment status:

37. Key strengths, interests, and motivations:

PART SIX: Reason for Referral

38. Why is the Women's Pathway being considered and what outcomes are hoped for?

39. Has a risk assessment been completed?

Yes

No

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

PART SEVEN: Declaration

40. 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 Women's Pathway.
- 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 support plan.
- If inaccurate or incomplete information is provided, any placement offer may be withdrawn.
- The property address is confidential and will not be shared until placement is confirmed.

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

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

42. Individual's consent:

I agree to this referral and understand the Women's Pathway is a structured support programme. I understand the property address is confidential and I agree to adhere to the controlled visitor policy and house rules.

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

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.