Registered Office Victory Outreach UK Bush Hotel, High Street, Abertillery, Gwent, NP13 1DD

Tel: 01495 212516 Fax: 01495 212571

Web: www.victoryoutreachuk.com

Email: office@vouk.org.uk



#### To Whom It May Concern

## **Application for residence at Victory Outreach UK**

Thank you for expressing an interest in coming to Victory Outreach UK.

We have four properties in South Wales. We accept men and women between the ages of 18 and 40 years and will discuss a suitable place according to availability.

If you require a place, please complete and return the enclosed Application Form and send it, together with the Referral Form, completed by someone else, e.g. a Probation Officer, Chaplain, Resettlement Officer or a relative, to the above address.

All information given will be kept strictly confidential. If you are subject to any form of Probation or Statutory Supervision Order, please inform your Probation Officer and ask him/her to liaise with the National Probation Service, Gwent Area, in order that a case transfer can be arranged if you are accepted.

If you have any pending court cases, please give our details to your solicitor. If you are accepted, you will need to bring two forms of identification (one needs to include your National Insurance Number) e.g. Birth Certificate, Driving Licence, Passport, etc. If you are on Job Seeker's Allowance, you will need to sign off in your home area before coming to Victory Outreach UK.

If you require any further information, do not hesitate to contact us.

We await your reply.



# VICTORY OUTREACH UK APPLICATION FOR RESIDENCY Page 1 of 2 HM PRISON APPLICATIONS

## TO BE COMPLETED BY THE APPLICANT

Date of application:	
Surname	Forenames
Date of Birth	N I Number
	Expected Release Date
Next of Kin	Relationship
Next of Kin tel:	Next of Kin Address
Your last address	
Professional Contacts	
Social Worker/Probation Officer	Tel
Address	
Solicitor	Tel
Address	
Criminal Offences	
If you have a criminal record, please	e tell us the nature of the offences (e.g. burglary, violence, car crime, etc.)
Do you have any pending court cas us about this below.	ses or are you currently under any Statutory Supervision Order? Please te



# **MEDICAL INFORMATION**

Home Doctor Tel	l:	
Address		
Have you any physical illness, allergies or disabilities?	Yes	No
Details:		
Have you any mental health problems e.g. schizophrenia, severe mood swings?	Yes□	No 🗌
Details		
Do you have drug or alcohol dependency problems?	Yes└─	No 🗀
Details		
Have you suffered with depression, suicidal tendencies, or self harm	ned? Yes	No 🗌
Details		
Have you been on a detox/rehabilitation programme?	Yes □	No 🗌
Details		
Are you currently receiving medication?	Yes	No 🗌
Details		
Do you have an existing tenancy elsewhere?	Yes □	No 🗌
Details		
Are you eligible for housing benefit?		
Thank you for answering all of these questions. The information which you have greceipt of the completed form, we will arrange for you to have an interview to take the address on this form, or fax to 01495 212571.		
Your Signature	Date	
Name in Block Capitals		
If you have applied to Victory Outreach previously, please tick this box		

# EQUAL OPPORTUNITIES MONITORING FORM CONFIDENTIAL AND ANONYMOUS



This form is voluntary, confidential and anonymous. The information you supply is not used to determine your suitability. The information is used for statistical monitoring only and for ensuring that Victory Outreach UK is not discriminating against minority groups and is performing to standards set out in our Equal Opportunities Policy. When you have completed this form, please put it in a separate envelope and return it with the rest of the forms.

Please tick:				
Gender: M	Male	Female	Other	Please state:
Age: under 1	8 – 21 22- 3	0 31-40		
Ethnic Origin	BLACK African British Caribbean	WHITE British	ASIAN British Bangladeshi Chinese Indian Pakistan other	
Do you have a F	Religious Faith? Yes	[   (Please stat	e:)	No
Sexuality				
	Bisexual	Other Please s	state:	
Disability				
Do you consider	yourself to be disable	ed?Yes No		
If yes, are you re	gistered disabled?	Yes No		

Please return this form to the address above. The form should be placed in a sealed, separate envelope and returned with the other forms.

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# Dear Referrer

#### REFERRAL OF APPLICANTS TO VICTORY OUTREACH UK

Victory Outreach UK caters for men and women aged 18 to 40 who have mainly addiction problems or are homeless or vulnerable. We are not a drug rehabilitation unit and applicants should be stable before they come to Victory Outreach UK. Applicants need to complete an application form for residency and have a Referral Form and Risk Assessment completed by a Referrer. If the applicant is subject to any form of Statutory Supervision by the Probation Service it is essential that his/her Probation Officer is informed and that the Probation Officer liaises with the National Probation Service, Gwent Area. We cannot accept applicants who are subject to Probation supervision unless they have been formally transferred to Gwent Probation Area. If the applicant has any pending court cases, the solicitor must be informed.

#### **Contact Telephone Numbers:**

National Probation Service, Gwent Area: 01495 309799 (Ebbw Vale Office)Contact: Mr Dave Fields (Team Leader) or Mr Tim Williams (Liaison PSO for Victory Outreach UK)

We request also that the applicant sign the Authority of Disclosures to provide Victory Outreach UK with information on the applicant's offending history and substance misuse, and also a medical disclosure so that we can contact the GP or relevant Health Care Centre to cover any concerns regarding mental health issues. At all stages the applicant should fully understand the requirements to abide by rules of Victory Outreach UK and how it is interlinked with the conditions of their licence.

Prior to initial referral, screening should be undertaken to preclude those convicted of offences that would prevent a placement at Victory Outreach UK: Convictions of arson with intent to endanger life. Persistent patterns of violence. Violent sexual offences. Those on the Sex Offenders Register (SOREG) or subject to Risk to Children Prevention Act (R2chpa). People requiring intervention of a Mental Health Team. Persons on long term prescription of treatment with psychotic medicine. Those whose placement would place the staff or other residents at the home in danger through their association with others. Any racially motivated offences.

If the applicant is eligible to apply, please send the completed forms to the address at the top of this letter or fax them to 01495 212571

Thank you for your assistance.



# VICTORY OUTREACH UK REFERRAL AND RISK ASSESSMENT FORM Page 1 of 2 HM PRISON APPLICATIONS

## TO BE COMPLETED BY THE REFERRING PROFESSIONAL

Referral D	ate		Date Place R	equired		
Referrer's	Details					
Name:				P	osition	
Address:						
Tel:			Fax:			
Email:						
Capacity in	n which the	applicant is know	wn:			
Has the re	ferrer interv	riewed the applic	cant?	Yes	No 🗌	
•	•	inion of the refer le for residing at	rer, Victory Outreach L	JK? Yes	No 🗌	
Applicant	's Details					
Surname:			F	orenames: .		
Date of Bir	th:		Aliases:			
Gender:	Male	Female	Country of	of Origin:		
Current or	last known	address:				
Risk Indic	ators					
History or	evidence of	drug/alcohol mi	suse		Yes	No
Details (incli	uding duration, fro	equency, motivation to c	hange, response to previous	treatment/support	etc.)	



# VICTORY OUTREACH UK REFERRAL AND RISK ASSESSMENT FORM Page 2 of 2 Yes No Past/potential risk of violence Details (e.g. conflict with authority, risk to staff, male/female, or residents, etc) Yes History/evidence of self harm, mental health issues, physical ill health The above must be confirmed by a Medical Practitioner/Health Care official and also any details of medication that is currently prescribed (as requested by VOUK GP). Offending History (Note: We will not accept people with convictions against children, sexual offences, persistent violent offences or racially motivated offences.) Current/previously known to Probation Service (give details, names, dates, offence, requirements, etc.) Details of current charges Outstanding matters Bail Licence \_\_\_ Reason for referral: Other Details: Yes No Previous convictions available? General offending pattern ..... **Applicant's Solicitor Details:** Name ...... Telephone ..... Address..... Available Reports/Information - Please attach most recent risk assessment No **OASYS** Yes 🔲 Medical History

Signature of Referrer: ...... Date: ......



#### **VICTORY OUTREACH UK HOUSE RULES**

#### The following rules apply:

All illegal drugs are completely forbidden. Any resident found in possession should be aware that legal proceedings will be taken and it invalidates any contract of liability of the Management and of the Trustees.

- No alcohol, either on or off the premises.
- No smoking within the house. However, it is permitted outside on the premises, alone.
- · No bad language.
- No mobile phones.
- No occult practices.
- · No gambling.
- · No pornography.
- No violence or play fighting. Threatening/intimidating behaviour to another resident or staff member will not be tolerated.

#### **Admissions**

All residents must aim to comply with all of the house rules and sign the residency agreement which states that you have read the house rules. It is a contract between the resident and the Trustees of Victory Outreach UK. The admission of a new resident is the responsibility of the Directors. The admission of a resident subject to statutory involvement of the Probation Service must be negotiated through the appropriate Senior Probation Officer.

#### Daily routine

A daily work programme and rota of jobs will be arranged by the managers and will be displayed in the house. All residents are encouraged to take an integral part in the day to day running of the homes.

Residents must at all times show respect for all staff and assist them in whatever tasks they are reasonably asked to perform, in particular those of the day-to-day running of the house according to the management's rota.

#### Television, music and literature

TV viewing, music and literature is monitored by the management. A large selection of DVD's and books will be generally available at the management's discretion.

#### Registering with the necessary authorities

Signing on at the DSS, legal visits, etc. are the responsibility of the individual but each person will be responsible to the Directors/Managers if they do not comply with their legal requirements.

#### Rooms

Rooms will be allocated at the Directors'/Manager's discretion. It is the responsibility of each resident to look after his/her own room and to keep it in a condition that is satisfactory to the Directors/Managers, who are likewise responsible to the Trustees for the same.

#### The good name of the home

Victory Outreach UK offers a loving Christian home and guidance. Respect for both staff and residents is expected at all times.

#### **Departure**

Residents can leave at any time. If a resident wishes to leave they are requested to discuss it first with Directors/Managers. They will also be asked to fill in a departure form for reasons such as forwarding of mail. If the resident is on Statutory Supervision, it is very important that they discuss this in advance with their Probation Officer.

Anything borrowed from Victory Outreach UK must be returned and all rent arrears must be settled before departure.

Re-admission of any previous resident shall be only at the discretion of the Trustees, Directors and any relevant authority.

I have read and understand the House Rules. I agree to abide by these rules at all times if I am offered a place at Victory Outreach UK.

Signed (Applicant)	Date:
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No

PLEASE READ CAREFULLY THROUGH THE FOLLOWING CHECK LIST AND TICK THE BOXES WHERE APPROPRIATE.

PLEASE NOTE - IF YOU HAVE NOT COMPLETED ANY AREAS SHOWN HERE, YOUR APPLICATION MAY BE RETURNED FOR COMPLETION, OR DELAYED.

PLEASE INCLUDE THIS FORM WITH YOUR APPLICATION. APPLICANT NAME......DATE OF BIRTH......DATE OF BIRTH..... REFERRER Have you read the letter to referrers (If no, please read the letter carefully prior to submitting the application - as this provides details relating to the suitability of applicant's for referral to Victory Outreach UK). Have you fully completed the referrer's application form Yes (If no, please complete the form fully, or provide details below regarding any areas that cannot be completed) Signed (Referrer)......Date.......Date **APPLICANT** Have you read the letter to applicants Yes (If no, please read the letter carefully prior to submitting the application - as this provides details relating to the suitability of applicant's for referral to Victory Outreach UK). Have you fully completed the application form Yes (If no, please complete the form full, or provide details below regarding any areas that cannot be completed) Have you read, understood and do you agree to abide by the House Rules for residency at Victory Outreach UK? Yes No (If no, please read these fully, and please ask for clarification of any areas that you do not understand.)

Have you completed the equal opportunities monitoring form? Yes

(If no, please complete and enclose (in a separate envelope) with your application.



# **Disclosure of Information Consent Form**

I,(name of applicant) give consent for information on my offending history, substance misuse, custody behaviour and/record adjudication details to be disclosed to Victory Outreach UK.
Signed:Applicant
Date:
I,(name of applicant) give consent for my medical history to be disclosed by my Health Care, Health Care Department or GP, to Victory Outreach UK.
Signed:Applicant
Date: