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| Emmaus Bristol Community Recruitment Form |

 



Dear Sir / Madam,

Please find attached an Emmaus Bristol Recruitment Form for use with potential Companions.

The information provided will be used to assess how well the potential Companion might benefit from being part of our Community, and how they may benefit our Community.

It is very **important**, therefore, to **include as much information** as possible, including name and contact details of all those who are or have been involved in the support of the client, so that we are able to make a full assessment. The consent form must be signed by the client to allow information given on the form to be corroborated by contact with agencies.

When completed, please return to me at the address below.

Yours faithfully

David Perry

Community Leader

Emmaus Bristol

**Please note: Smoking is not permitted on any Emmaus Bristol property other than in your own room. Emmaus Bristol supports a healthy approach to dealing with smoking and offers help to give up if requested.**

Emmaus Bristol Shaftesbury House Kingsland Road St Phillips Bristol BS2 OQW

**Support Team**

**Tel** 0117 9415102 **Fax** 0117 9415109 **Website** emmausbristol.org.uk

**E-mail** [support@emmausbristol.org.uk](mailto:support@emmausbristol.org.uk)

**Could *YOU* be the next Emmaus Bristol Companion?**

* Do you want to do something different with your life?
* Do you want to help others while helping yourself?
* Are you willing to work hard to improve your life and that of those around you?
* Are you willing to take responsibility for making good things happen?
* **Are you looking for a challenge?**

**If so, we can offer you;**

* Full time work
* Full board accommodation in your own en-suite room in our Community.
* Support to help with any issues you may need to deal with.
* A small allowance and toiletries.
* Holidays, social activities and events.
* A chance to be part of the Worldwide Emmaus Movement where you become part of a global family and have the opportunity to travel.

We are very keen to ensure this is a positive experience for you and us. Therefore we will need to carry out Risk and Needs Assessments to make sure it is right for both parties.

The following questions will help us to find out a bit more about you, and the information enclosed and available on our website [www.emmausbristol.org.uk](http://www.emmausbristol.org.uk) will help you find out more about us.

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| **Please be as full as possible so that we can assess your needs and how they can be met.** | | |
| **Name (of Applicant)** | | |
| **Date of Birth** |  | **National Insurance Number** |
| **Contact Details** | | |
| **Name, position and contact details of referral officer (if any)** | | |

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| **Skills / qualifications** |
| If you have any skills / experience / qualifications that you would like to share and develop whilst you are in the Community please outline below. |

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| ***Needs Assessment*** |
| Please give details of any support needs you may have that you feel Emmaus Bristol may need to help with.  If you have your own needs assessment please enclose this.  ***Support Workers are available to you to help formulate, plan, action and review your time here.*** |

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| **Housing / Homelessness History** |
| 1. Please outline below your present housing situation, and any issues/problems that may have arisen in the past. |
| 1. Have you ever lived in an Emmaus Community (please give location and dates) |
| 1. Please outline any involvement you have had with other organisations, giving contact details of a named worker. |

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| **Physical Health Issues** |
| Please give details of current / past problems, including details of any medication. |
| Please outline any involvement you have had with other organisations, giving contact details of a named worker / clinician. |

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| ***Mental Health Issues*** | |
| Please give details of current / past problems, including details of any medication. | |
| 1. Please outline any involvement you have had with other organisations, giving contact details of a named worker / clinician. | |
| **Alcohol use History** | |
| 1. Please give details of any past alcohol use. | |
| 1. Please give details of any current alcohol use | |
| 1. Do you believe you have an alcohol problem? | Yes / No |
| If yes what action are you prepared to take to address your alcohol problem? | |
| **Drug use History** | |
| 1. Please give details of any past drug use. | |
| 1. Please give details of any current drug use. | |
| 1. Please give details of any on-going treatment or contact with drugs services, giving contact details of a named worker. | |

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| **Offending** | |
| Criminal Convictions | Yes / No |
| If yes please give details. | |
| Probation Orders | Yes / No |
| If yes please give details. | |
| Outstanding Court Appearances | Yes / No |
| If yes please give details. | |
| Warrants | Yes / No |
| If yes please give details. | |
| *Arson (That may or may not have resulted*  *In a criminal conviction)* | Yes / No |
| If yes please give details. | |
| *Violence(That may or may not have resulted In a criminal conviction)* | Yes / No |
| If yes please give details. | |
| Please give details of any involvement you have had with other organisations, giving contact details of a named worker/officer. | |

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| **Signed referring officer / worker :** | **Date** |
| **Thank-you for completing. We will aim to have contacted the relevant agencies involved within 2 weeks of receipt of this application providing we have a vacancy.** | |
| **Emmaus Bristol respects your confidentiality, and any information provided by you will only be used to assist in the risk assessment, needs assessment and recruitment processes needed to comply with our admissions policy, a copy of which is available on request. This information will be kept secure only for as long as it is needed and will not be seen by anyone who is not involved in the above process without your consent, unless there is a risk to you or others.** | |
| **Consent Disclosure** | |
| **Applicant / client name:**  **Date of birth:**  **NI number:**  **Address:**  I hereby give my consent for medical and any other relevant information to be passed onto Emmaus Bristol.  **Signature:**  **Date:** | |
| **Client / applicant’s comments (optional)** | |
| **Please outline any details / information that you feel might support your application if they have not already been detailed, including any contact you have had with other organisations (e.g. other charities, councils, police, probation, health authority etc.)** | |