

APPLICATION FORM

Confidential

Bognor Housing Trust provides temporary, supported housing for single homeless adults. This form is designed to get information from you about you and your situation in order for us to assess your suitability and whether we are able to support your needs.

Please answer as honestly as possible. If you would like any help completing this form please contact us and we will be happy to assist you.

Please see 'Information about our Services' sheet for more details about our projects and the application process.

PERSONAL INFORMATION:

NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

DAY MONTH YEAR

| | |

EMAIL: _____ GENDER: _____

IMMIGRATION STATUS: _____ ETHNICITY: _____

FREQUENCY
& AMOUNT

UC, WAGES ETC.

INCOME: _____ INCOME TYPE: _____

FIRST LANGUAGE*: _____ NATIONAL INSURANCE No: _____

*IF ENGLISH IS A SECOND LANGUAGE, CAN YOU SPEAK ENGLISH: YES NO

PERSONAL INFORMATION:

PLEASE GIVE DETAILS OF ANY PHYSICAL HEALTH NEEDS YOU HAVE:

PLEASE GIVE DETAILS OF ANY MENTAL HEALTH DIFFICULTIES YOU EXPERIENCE:

PLEASE LIST ANY PRESCRIBED MEDICATION YOU ARE TAKING:

DO YOU HAVE ANY OTHER NEEDS YOU WOULD LIKE US TO KNOW:

E.G. ADHD, AUTISM, DYSLEXIA, LEARNING DIFFICULTIES

ARE YOU REGISTERED WITH A GP: YES NO IF YES, PLEASE GIVE DETAILS:

DO YOU HAVE ANY PETS THAT NEED TO BE HOUSED WITH YOU? PLEASE NOTE THAT WAIT TIMES ARE OFTEN LONGER IF YOU HAVE A PET:	YES / NO
PLEASE GIVE DETAILS OF ANY PETS YOU HAVE E.G. BREED, NAME, AGE:	
HAS YOUR PET EVER BEEN AGGRESSIVE TOWARDS OTHER ANIMALS OR PEOPLE	
IS YOUR PET HOUSE TRAINED (E.G. TOILET TRAINED, CHEWING FURNITURE ETC)	
WE OPERATE A PET POLICY- WOULD YOU BE WILLING TO SIGN THIS IF OFFERED ACCOMMODATION? THE POLICY IS AVAILABLE ON REQUEST:	YES/ NO

PERSONAL INFORMATION:

PLEASE GIVE DETAILS OF ANY SUBSTANCES YOU HAVE USED/ ARE USING:

IF YOU ANSWER YES TO THE SUBSTANCE BELOW, PLEASE COMPLETE THE REST OF THE COLUMNS

*FOR FREQUENCY OF USE, PLEASE SCORE USING THIS SCALE:

D = DAILY, R = REGULARLY, O = OCCASIONALLY, V = VERY RARELY

SUBSTANCE:	STILL USING: YES/ NO	LAST USED:	FREQUENCY OF USE*:	ANY COMMENTS / INFORMATION YOU WOULD LIKE TO GIVE:
<i>EXAMPLE: Cannabis</i>	<i>No</i>	<i>2005</i>	<i>D</i>	<i>Smoked when teenager</i>
ALCOHOL YES / NO				
HEROIN YES / NO				
OTHER OPIATES YES / NO				
AMPHETAMINE (SPEED etc) YES / NO				
COCAINE YES / NO				
CRACK YES / NO				
CANNABIS YES / NO				
BENZODIA-ZEPINES YES / NO				
OTHER DRUGS: YES / NO Please specify:				

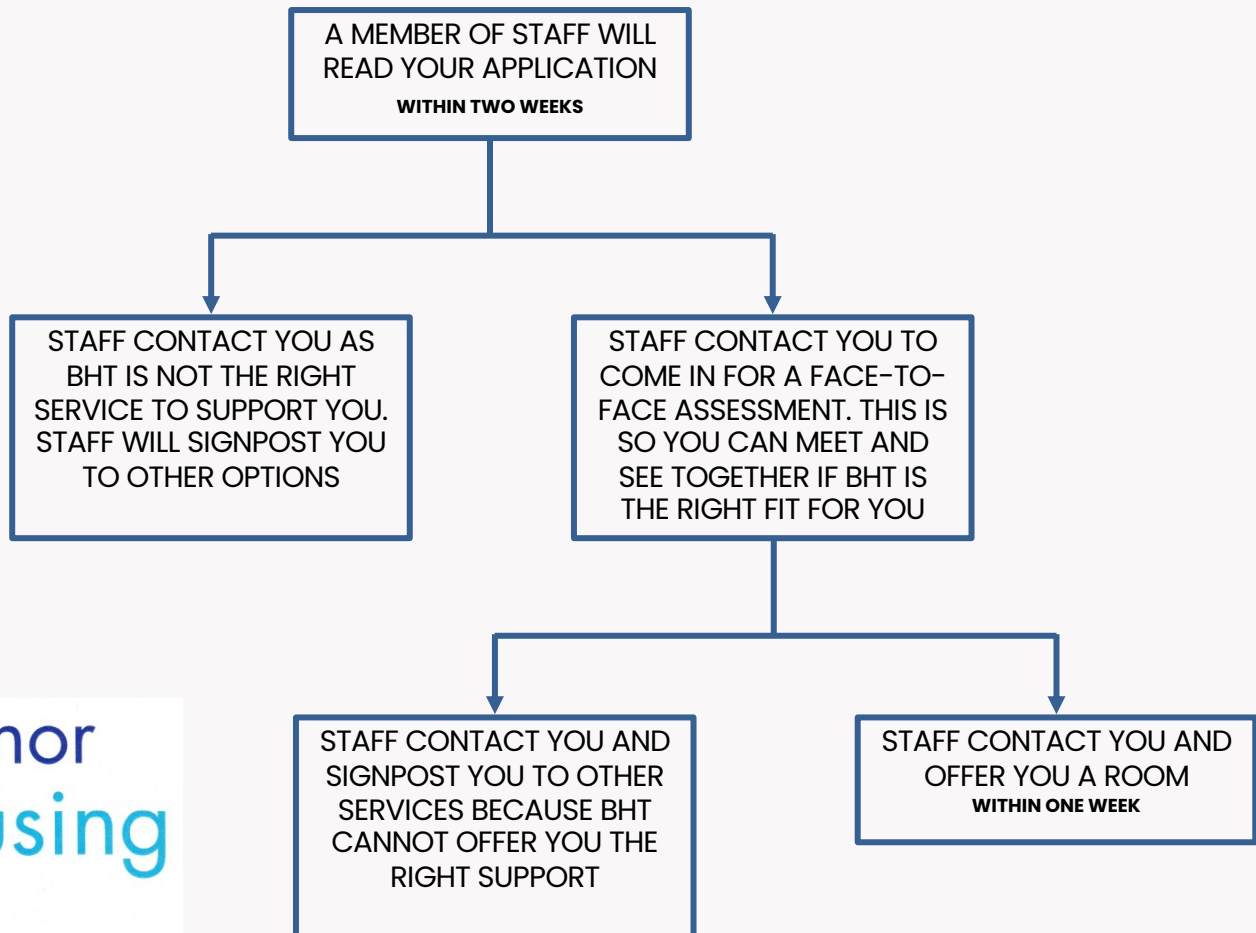
DO YOU HAVE ANY OTHER DIFFICULTIES WITH ADDICTION (E.G. EATING, GAMBLING):	
IF YES, ARE YOU RECEIVING ANY SUPPORT FOR THESE DIFFICULTIES:	
PLEASE GIVE DETAILS OF ANY CRIMINAL CONVICTIONS OR PENDING CHARGES – INCLUDING VIOLENT OFFENCES, ARSON, SEXUAL OFFENCES:	
ARE YOU SUBJECT TO ANY STATUTORY ORDERS (E.G. PROBATION):	

WHAT IS YOUR CURRENT HOUSING SITUATION:	Rough sleeping	Sofa surfing	Awaiting eviction	In temporary accommodation	In other supported accommodation
WHAT WAS YOUR LAST STABLE ACCOMMODATION AND WHAT HAPPENED TO THIS:					
WHAT IS YOUR LOCAL CONNECTION TO ARUN:					

PLEASE USE THIS SPACE FOR ANY OTHER RELEVANT INFORMATION YOU WISH TO PROVIDE:

WHAT HAPPENS NEXT

THANK YOU FOR COMPLETING THIS FORM. ONCE YOU HAVE SIGNED OVERLEAF AND RETURNED THE FORM THIS IS WHAT WILL HAPPEN NEXT:



SIGNATURE: _____

DATE: _____

I CONSENT TO BOGNOR HOUSING TRUST CONTACTING ALL OTHER AGENCIES/ PERSONS LISTED IN THIS APPLICATION FORM AND SUSSEX PROBATION SERVICE, WHERE RELEVANT, FOR FURTHER INFORMATION WHICH WILL ENABLE THEM TO GIVE FULL CONSIDERATION TO MY APPLICATION FOR SUPPORTED HOUSING.

DISCLAIMER: PLEASE LIST BELOW ALL AGENCIES YOU DO NOT GIVE CONSENT FOR US TO CONTACT:

I CONFIRM THAT THE INFORMATION SUPPLIED ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE PROVIDING OF FALSE INFORMATION OR THE CONCEALING OF RELEVANT INFORMATION MAY LEAD TO THE EVICTION OF AN APPLICANT SHOULD A ROOM BE OFFERED ON THE BASIS OF THE INFORMATION SUPPLIED IN THIS APPLICATION FORM.

I UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS FORM WILL ONLY BE PROCESSED FOR THE PURPOSE OF ASSESSING MY HOUSING AND SUPPORT NEEDS BY BOGNOR HOUSING TRUST.

I UNDERSTAND THAT THE INFORMATION I HAVE SUPPLIED INCLUDES SENSITIVE DATA WHICH WILL ONLY BE PROCESSED STRICTLY IN ACCORDANCE WITH THE PURPOSES DESCRIBED ABOVE.

DATA PROTECTION

THE INFORMATION WE COLLECT ON YOU IS KEPT IN A LOCKABLE OFFICE AND IS HELD UNTIL IT IS NO LONGER REQUIRED IN LINE WITH THE TRUST'S RETENTION POLICY. IT IS DESTROYED IN A SECURE MANNER. WE HAVE CLEAR POLICIES ON HOW WE KEEP FILES AND INFORMATION ABOUT YOU. OUR POLICIES SAY WHEN AND TO WHOM INFORMATION ABOUT YOU MAY BE DISCLOSED. THIS IS IN ACCORDANCE WITH THE PROVISIONS OF THE DATA PROTECTION ACT 1998. GENERALLY SPEAKING, INFORMATION THAT WE HOLD ABOUT YOU WILL ONLY BE DISCLOSED ONLY TO YOU, OR, IN CERTAIN SITUATIONS, TO A THIRD PARTY WITH YOUR PERMISSION. FOR MORE INFORMATION ABOUT DATA PROTECTION OR FOR A COPY OF OUR POLICY (INCLUDING HOW WE MAINTAIN SECURITY OF YOUR INFORMATION AND YOUR RIGHTS TO ACCESS INFORMATION WE HOLD ON YOU) PLEASE CONTACT: THE MANAGER, 25 GLAMIS STREET, BOGNOR REGIS, WEST SUSSEX, PO21 1DH, 01243 837995.