# Bognor Housing Trust

## Cornerways, 25 Glamis Street, Bognor Regis

## West Sussex, PO21 1DH

### **Tel: 01243 837995**

**Email:** **office@bognorhousingtrust.org.uk**

#### Registered Charity No: 289596

**APPLICATION FORM**

**CONFIDENTIAL**

***Please be as honest as possible when answering the following questions. Bognor Housing Trust need to gather this information in order to assess your suitability for its projects, it will not be used for any other reason. All data is kept securely and destroyed in accordance with the Trust’s Retention Policy.***

***Bognor Housing Trust will not share your personal data with any other 3rd party without your consent. You are free to withdraw this consent at any time.***

***If you wish to see a copy of the Trust’s Confidentiality and Privacy Policy please contact a member of staff using the contact details above.***

***For any help needed completing this form, please contact a member of staff who will be happy to assist you.***

**SECTION 1 – GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Title:** | **Mr / Mrs / Ms / Miss** |
| **Applicant’s Name:** |  |
| **Have you been known by another name?** |  |
| **Date of Birth:** |  |
| **N.I. Number:** |  |
| **Telephone number:** |  |
| **If you do not have a telephone number please tell us how we can contact you:** |  |

**Referral Details (if applicable)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Telephone number / email address:** |  |

**SECTION 2 – PERSONAL DETAILS**

Are you a British citizen? YES **□** NO **□**

Are you eligible to receive housing benefit? YES **□** NO **□**

|  |  |
| --- | --- |
| If ‘no’, what is your current legal status? |  |
| What forms of ID do you have? |  |
| What is your first language? |  |

|  |  |
| --- | --- |
| **INCOME** | **WEEKLY AMOUNT** |
|  | £ : |
|  | £ : |
|  | £ : |

**Physical Health**

|  |  |
| --- | --- |
| Do you suffer from any physical health / mobility problems? E.g. back problems, asthma etc. |  |
| Are you currently taking any medication or receiving any treatment for your physical health problems? If yes, please give details. |  |

**Mental Health**

|  |  |
| --- | --- |
| Do you suffer from any mental health problems? E.g. depression, anxiety etc. |  |
| What are the symptoms of your mental health problems? |  |
| Are you currently taking any medication for your mental health problems? If yes, please give details. |  |
| Have you recently stopped taking medication for your mental health problems? If yes, please give details. |  |
| What treatment are you receiving / have you received for your mental health problems? E.g. counselling, therapy etc. |  |
| Have you ever been admitted to hospital as a result of your mental health problems? |  |

**Learning Difficulties**

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| --- | --- |
| Do you consider yourself to have any learning difficulties? Would you like any additional support in relation to your learning difficulties? |  |

**Illegal Drugs**

|  |  |
| --- | --- |
| Please give details of any illegal drugs or psychoactive substances that you have used / currently use – please give dates and regularity / impact of use: |  |
| Please give details of any support you have received or any that you may think you need for your illegal drug use: |  |
| Have you ever been admitted to hospital as a result of your drug use? |  |

**Alcohol**

|  |  |
| --- | --- |
| Please give details of your alcohol use – how much you drink and how often and how it is affecting your life: |  |
| Have you ever been admitted to hospital as a result of your alcohol use? |  |
| Please give details of any support you have received / are receiving or feel you may need for your alcohol use: |  |

**Other Addiction Issues**

|  |  |
| --- | --- |
| Please give details of any other addiction issues you consider yourself to have now or in the past and how they are affecting you– e.g. food issues, gambling etc: |  |
| Please give details of any support you have received or feel you may need for these issues: |  |

**Criminal Convictions**

Please detail all criminal convictions / charges pending (this includes all spent convictions):

|  |  |  |
| --- | --- | --- |
| Offence | Date | Sentence (fines, prison, community service, probation etc.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |
| --- | --- |
|  | **Details** |
| **Have you ever committed any sexual offences?** |  |
| **Have you ever committed arson?** |  |
| **Have you ever caused deliberate damage to property?** |  |
| **Do you have any issues with verbal / physical aggression towards others?** |  |
| **Are you currently subject to any statutory orders? (E.g. probation, ASBO etc).** |  |
| **Please give details of anyone that you consider poses a threat to you:** |  |
| **Please give details of any history of suicide or self harm:** |  |

**SECTION 3 – ACCOMMODATION / HOMELESSNESS HISTORY**

|  |
| --- |
| Please give a brief history of your life history up to this point. What is your current housing situation? How did you become homeless? Where have you lived? What problems have arisen in the past? |
|  |
| Have you lost accommodation in the past? Please give details: |
|  |

**LOCAL CONNECTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have a local connection to any of the following districts? Please tick **one district only:** | | | | |
| **ARUN** | |  | **CRAWLEY** |  |
| **ADUR & WORTHING** | |  | **HORSHAM** |  |
| **CHICHESTER** | |  | **MID-SUSSEX** |  |
| Please state what connection to that district is: |  | | | |
| If you do not consider yourself to have a local connection to any of the districts listed above please state why you are applying to Bognor Housing Trust: | | | | |
|  | | | | |

***Please note, we give first priority to those with a local connection to the Arun District, second to those with local connection to West Sussex and then accept those out of area in exceptional circumstances.***

Where have you lived for the past 2 years? (Please start with most recent address.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | Reason for leaving | Dates at address | Landlord details | Type of accommodation |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please give details of any other housing waiting lists you are on:**

|  |  |
| --- | --- |
| **Housing List** | **Details (date applied, banding etc.)** |
|  |  |
|  |  |

**SECTION 4 – SUPPORT INFORMATION**

Please detail any support you are receiving:

|  |  |  |
| --- | --- | --- |
|  | **Details – contact name and telephone number** | **Support you are receiving** |
| **GP** |  |  |
| **Social Worker** |  |  |
| **Probation Officer** |  |  |
| **Drug / alcohol / addiction services** |  |  |
| **Specialist support for mental health issues:** |  |  |
| **Support from homeless organisations / hostels:** |  |  |
| **Other** |  |  |

|  |  |
| --- | --- |
| If you were to be offered a room in our project, what issues would you want to address and work on whilst living in the project? What are your goals? |  |
| Are you willing to engage with our support service? |  |

**SECTION 5 – PETS**

|  |  |
| --- | --- |
| Please give details of any pets you have. E.g. breed, name, age. |  |
| Has your pet ever been aggressive towards other animals? |  |
| Has your pet ever been aggressive towards people? |  |
| Does your pet have any health problems or issues? |  |
| Is your pet registered with a vet? |  |
| Is your pet up to date with worming, de-fleaing and vaccinations? |  |
| 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? A copy of our pet policy is available on request. |  |

**SECTION 6 – REFERRAL INFORMATION**

**TO BE COMPLETED BY THE REFERRER**

**PLEASE BEAR IN MIND WE ARE A LOW – MEDIUM SUPPORT PROJECT. STAFF LONE WORK AND ARE NOT ON SITE OVER NIGHT – WE OPERATE AN EMERGENCY ON CALL SYSTEM.**

|  |  |
| --- | --- |
| How long have you known the applicant? |  |
| What are the applicant’s present support needs? |  |
| Does the applicant have any history of violence or aggression? |  |
| Does the applicant have any history / are there any concerns about inappropriate sexual behaviour? |  |
| Since working with the applicant, are there any other issues identified that we should be aware of? |  |

Please use this page for any other relevant information:

**SECTION 7 – SIGNATURES**

**TO BE SIGNED BY APPLICANT**

*I, the undersigned, consent to Bognor Housing Trust (BHT) contacting all other agencies / persons listed in this application form for further information which will enable them to give full consideration to my application for supported housing.*

***Disclaimer****: please list agencies you* ***do not*** *give consent for us to contact:*

Signature of applicant:

Date:

**TO BE SIGNED BY APPLICANT AND REFERRER**

*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 the 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 some sensitive data which will only be processed strictly in accordance with the purposes described above.*

Signature of applicant:

Date:

Signature of referrer:

Date:

**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 circumstances, 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.