

# KARIBU HOUSE APPLICATION FORM



Please read the information about Karibu House to make sure you are interested in the kind of services we offer and that you meet all our referral criteria.

All the information that you provide on this application form will be treated as confidential and will not be given or discussed with anyone outside of Karibu House other than the person who is referring you.

First Name(s)			
Last Name		NI No.	

Date of Birth		Age		Gender (M / F)
First Language		Interpreter Required	YES / NO	

Telephone number:

## Housing Details

Current Address:				
When did you arrive to Nottingham?				
When did you arrive in the UK?				
How much longer can you stay at your present address?				
Why are you leaving your present accomodation?				
Where else have you lived in the past five years? (address, dates)				
Parents		Other/Hostel		
Council / Housing Association flat	Yes	No	If Yes who's	
Relatives / Friends			and length of wait:	
Are you on any housing waiting list?				
If home link what is your Ref number:				
Name of Referral Agency				Telephone
Address of Referral Agency				
Name of Referral Worker				

### Personal Details

Any health related problems?	Yes	No	If Yes, please give details		
Do you have any dietary requirements?	Yes	No	If Yes, please give details		
Are you disabled or have any conditions classed as a disability?	Yes	No	Registered Disabled	Yes	No
Any mental health problems?	Yes	No	If Yes, please give details		
Any history of drug use?	Yes	No	If Yes, please give details		
Any history of alcohol abuse?	Yes	No	If Yes, please state what for and when		
Ever been cautioned or arrested?	Yes	No	If Yes, please state what for and when		
Do you have any impending court appearances?	Yes	No	If Yes, please state with who and what for		
Are you on licence/probation?	Yes	No	If Yes, please state who and their telephone number		
Do you have contact with any of the following? (put their details)			Probation Officer		
Social Worker			Mental Health Worker		
Drugs worker			Other:		
Careers Service Advisor				Telephone:	
Doctor's name					
Doctor's Address				Telephone:	
Next of Kin: Name					
Address					Relationship:

### Ethnic Origin (tick boxes)

- Black - Caribbean     African     Other   
 Asian - Indian     Bangladeshi     Chinese     Other   
 White (Scottish, Northern Irish, Welsh British)     Irish     Gypsy, Romany, Irish Traveller   
 Mixed - White & Black Caribbean     White & Black African     White & Asian     Other   
 Other Ethnic Group - Arab     Other   
 Refused

### Personal Development

How well do you manage the following?	Very well	OK	Need help
Claiming benefits			
Paying bills			
Planning your diet / menu			
Buying food			
Cooking food / meals			
Housework			
Filling in forms			
Getting up on time			
Looking after yourself			

### Education and Training (start with current situation)

Are you currently studying?		Yes	No
Name and Address of College			
Training Provider, etc.			
Are you currently working / volunteering		Yes	No
Name and Address of Employer		Telephone:	
If not working what type of work would you be interested in?			
What additional education / training would you be interested in?			
What hobbies or other interests do you have?			
Membership to any special interest groups/clubs?		Yes	No

If Yes, Which?	
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### Financial Information

Employment status:		Full Time	Part time	Casual	Self	Employed
Employment start date:		Do you have your Payslips?				
Are you currently paying rent?		Yes	No			
Total Income		Means of income	JSA/IS	Wages		
Do you have any debts (e.g. mobile phone)?	Yes	No	To whom and how			

much?	
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**Immigration Status (if applicable)**

What is your immigration status?

Please tick a box:

LLR	<input type="checkbox"/>	ILR	<input type="checkbox"/>	ELR	<input type="checkbox"/>
DLR	<input type="checkbox"/>	LLR	<input type="checkbox"/>	HP	<input type="checkbox"/>

Please ensure that we receive copies of all letters and documents relating to the above status

**Declaration**

I confirm that the information provided here is a true and accurate report. False information may lead to termination of licence agreement at a later stage.

Signed				Date	

*For office use only*

Second interview	Yes	No	If Yes, When?		Accepted	Yes	No
Declined	Yes	No	If Yes, Why?				