

THE OLD VICARAGE / ETPS APPLICATION FORM

Part I – To be completed by the applicant

Please read the information about the The Old Vicarage and Erewash Teenage Parents project to make sure you are interested in the kind of accommodation 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 the project other than the person who is referring you.

1. PERSONAL DETAILS

Title -

Surname

First names

Maiden name

National Insurance No

Date of Birth Age

Contact Addresses

..... Tel. No

Are you pregnant? **Yes/No** Date baby due

Do you have any children? **Yes/No**

Who are they living with?.....

2. NEXT OF KIN .1

Name Relationship.....

Address

..... Tel.

3. NEXT OF KIN .2

Name Relationship.....

Address

..... Tel.

4. SOURCE OF REFERRAL

Where did you hear about Erewash Teenage Parents

.....

Referring Agencies:

- Local Authority
- Housing Association
- Police
- Housing Aid
- Hostel
- Probation
- Social Services
- Health Centre

Name of referring worker

Initial Assessment Form Completed **YES/NO**

Address

.....Tel.

5. NATURE OF HOMELESSNESS (PLEASE DESCRIBE)

.....
.....
.....

Are there any areas which are not safe for you?

.....

6. DETAILS OF ACCOMMODATION

Are you aware of and do you agree to the following:-

- Have to spend minimum of 5 nights in the project **Yes/No**
- Anti-discrimination **Yes/No**
- Responsibility to pay personal contribution on a weekly basis **Yes/No**

Safety and Security

The following information is needed to assess your support needs. The Old Vicarage or Erewash Teenage Parents has a responsibility to identify possible risks to workers safety and the safety of other residents. We need to know if anyone applying to the project has a history of violence. Please do not be put off by this question because if your answer is yes this will not necessarily exclude you from the project.

Do you have a history of violence? **Yes/No**
If the answer is yes, please give more details

.....
.....
.....

Do you have a history of arson **Yes/No**

Please give details

.....
.....

What kind of help are you looking for from the The Old Vicarage -Erewash Teenage Parents?

- Budgeting
- Form filling
- Debt
- Health
- Benefits
- Finding Education/Training/Employment
- Emotional support
- Cleaning

Other

Do you have any cultural or other needs that we should be aware of? (e.g language, special diet, religious needs, literacy issues etc).

.....
.....
.....

Do you have any workers (e.g. social worker, counsellor, probation officer, youth worker, mental health support worker) who would support you whilst staying at The Old Vicarage / Erewash Teenage Parents? **Yes/No**

Please give details

Name.....

Organisation

Name

Address

.....Tel.....

7. YOUR PRESENT ACCOMMODATION

- Emergency accommodation i.e. hostel, shelter
- Lodgings Bed/Breakfast
- Probation hostel
- Community home/social services
- Prison
- Hospital
- Staying with friends/relatives
- Private tenant i.e. bedsit/flat
- Council/Housing Ass. Tenant
- Sleeping rough
- Other

How long have you been at this address?

8. HAVE YOU EVER BEEN CONVICTED IN COURT FOR AN OFFENCE? YES/NO

When

Please give details of nature of charges

.....

9. If applying from prison, or young offenders institution please complete the following:

Name of prison/institution

Your number

Your earliest date of release or parole date/...../.....

Is this date confirmed? **Yes/No**

Will you be released on any license? **Yes/No**

If yes give type of license e.g. parole

IF NOT SERVING A SENTENCE ARE YOU UNDER ANY STATUTORY SUPERVISION?

- Probation Order
- Life licence
- Youth Custody order
- Parole licence
- Bail order
- Voluntary Aftercare

Other. Please state

What is the expiry date of this licence/order?/...../.....

10. YOUR FUTURE HOUSING

Are you on Home Link / East Midlands Homes waiting list?
Yes/No

Have you applied for any other accommodation **Yes/No**

If yes please give details.....

.....

11. INCOME

If you are working, is your work: Full Time or Part Time

Which benefits (if any) do you receive?

- Income support
- ESA (Employment & Support All)
- Hardship allowance
- JSA
- Disability benefits
- Other (Please specify)

12 MEDICAL HISTORY

G.P's name

Address

Tel

Do you suffer from any illnesses? **Yes/No**

If yes, please give details.....

.....

Do you have any difficulties in the following areas?

- Mental Health
- Alcohol misuse
- Violence
- Gambling
- Physical Health
- Drug misuse
- Self Harm
- Other (please give details)

If yes, to any here, or on the previous pages, please give details

.....

.....

Signature of Applicant

Date of signing/...../.....

If you are not satisfied with the overall decision for your accommodation, you have the right to appeal to:-

The Chief Executive
Tuntum HA
90 Beech Ave
New Basford
Nottingham, NG7 7LW

Monitoring Information

This section is for Equal Opportunities monitoring only and will remain confidential.

I consider my Ethnic Origin to be:-

- White : Irish
- White: British
- White: Other
- Black: Asian/SE Asian
- Black: African/Caribbean
- Black: African
- Other

Ages:-

- 16 – 17
- 18 – 20
- 21 – 25

Do you identify yourself as:-

- Heterosexual
- Gay/Lesbian
- Other
- Will not disclose

Employment status

- Employed
- Unemployed
- Training

Referring agencies:-

- Housing Association
- Police
- Homelessness
- Probation
- Social Services
- Self Referral
- Health Centre
- Other

Benefits / Source of Income:-

- Income Support
- Job Seekers Allowance
- Housing Benefit
- Income Support
- Hardship Allowance
- Other