

# Application Form



## Important points

- Please answer all the questions in an honest and truthful way.
- Please write as clearly as you can in black ink
- This is a legal document, so please remember to sign the form

How can we help you? Please tick the box			
	Mental Health	Learning Disability	Physical Disability
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you This should be completed by you or the person making the application for you									
Title:	First name:				Surname:				
National Insurance Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth:
What is your Ethnicity?									
What Language do you speak?									
Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Do you use any of the following to communicate? Please tick the box									
Spoken Word / Audio	<input type="checkbox"/>	Braille	<input type="checkbox"/>	Makaton	<input type="checkbox"/>				
Large Print	<input type="checkbox"/>	BLISS	<input type="checkbox"/>	Widget	<input type="checkbox"/>				

Getting in touch	
How can we contact you?	
Write your Telephone number here:	<input type="text"/>
Write your Mobile number here:	<input type="text"/>
Write your Email address here:	<input type="text"/>
Your next of kin	
Write their name and relationship to you here:	<input type="text"/>
Write their telephone number here:	<input type="text"/>
Write their address here:	<input type="text"/>

<b>Your Social Worker or Care Manager</b>	
---	--

Write their name here:	
Write their telephone number here:	
Write their address here:	

<b>Anyone else who we may need to contact</b>	
---	--

Write their name here:	
Write their telephone number here:	
Write their address here:	

<b>Your current address</b>	<b>Address we should write to you (if different)</b>
-----------------------------	--

<b>Your current address</b>	<b>Address we should write to you (if different)</b>
Place name	Place name
Number	Number
Street	Street
Town	Town
County	County
Postcode	Postcode

Are you a <b>current</b> customer of Advance? If so what service/ Area? (Housing, Support or Employment)	<b>YES/ NO</b>	
Are you a <b>previous</b> customer of Advance? If so what service/ Area? (Housing, Support or Employment)	<b>YES/ NO</b>	

<b>Do you have someone who acts on your behalf?</b>	Appointee	YES	NO
	Power of Attorney	YES	NO
	Deputyship	YES	NO
<b>If you have answered yes to any of the above, please provide the name and address of the person</b>	Name		
	Address		
	Contact number/s		

<b>Your current care package</b>		
Do you have a care package?	<b>YES</b>	<b>NO</b>
If you answered yes, who is it with?	Company Name	
	Address	
	Name of Contact person	
	Contact numbers	
Can your care package be moved to a new address?	<b>YES</b>	<b>NO</b>
Would you like someone to contact you regarding Advance's support services?	<b>YES</b>	<b>NO</b>
Do you require 24-hour support?	<b>YES</b>	<b>NO</b>
If no, how many hours support do you get each week?		

<b>About you</b>			
Are you (please tick the box)			
Single	<input type="checkbox"/>	A single parent	<input type="checkbox"/>
A couple	<input type="checkbox"/>	A couple with children	<input type="checkbox"/>
Please tell us about any other people who will be living with you			
Their name:			
Their address:			
What is their relationship to you (eg partner, wife, husband, son, daughter)?			
Their date of birth:			

<b>Please tell us about your finances and income</b>	
Savings: if you have any savings please state how much	£
If you have a job, please give the name of your Employer	
Weekly income from your job before tax	£
<b>Benefit</b>	<b>Amount per week</b>
ESA	£

DLA ? PIP	£
Severe Disablement Allowance	£
Pension	£
Other income	£
Other	£
Other	£

<b>Housing information</b>					
Where are you living at the moment? Please tick one box only					
Housing Association tenant	<input type="checkbox"/>	Private landlord	<input type="checkbox"/>	Shorthold tenant / licensee	<input type="checkbox"/>
Institution / prison	<input type="checkbox"/>	Owner / buyer	<input type="checkbox"/>	With friends	<input type="checkbox"/>
Council tenant	<input type="checkbox"/>	Bed and breakfast	<input type="checkbox"/>	Sleeping rough	<input type="checkbox"/>
Hostel / refuge	<input type="checkbox"/>	With family	<input type="checkbox"/>	Other	<input type="checkbox"/>
Do you have any pets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If you answered 'Yes', what kind of pet do you have?					
Do you have to give notice when moving	<b>YES</b>		<b>NO</b>		
If yes, how many weeks	2	4	6	8	

In this section, please tick all of the boxes that are relevant to your need. This information helps us to give a ranking to your application.					
<b>Section</b>					
CPA	<input type="checkbox"/>	Supervised Discharge	<input type="checkbox"/>	Supervision Register	<input type="checkbox"/>
Section 117	<input type="checkbox"/>	Learning Difficulties Register	<input type="checkbox"/>	Sex Offenders Register	<input type="checkbox"/>
Care Management	<input type="checkbox"/>	Other Section	<input type="checkbox"/>		
<b>Homelessness/ Threat of Homelessness</b>					
Has no home	<input type="checkbox"/>	Eviction Notice	<input type="checkbox"/>	End of Assured Shorthold Tenancy	<input type="checkbox"/>
Leaving a Hostel	<input type="checkbox"/>	Leaving prison	<input type="checkbox"/>	Has to Leave Current Accommodation	<input type="checkbox"/>
Leaving Hospital	<input type="checkbox"/>	Leaving family to be more independent			<input type="checkbox"/>
<b>Unsuitable Accommodation</b>					
Lack of Amenities	<input type="checkbox"/>	Statutory Unfit	<input type="checkbox"/>	Poor Living Conditions e.g excessive damp, condensation	<input type="checkbox"/>
<b>Harassment</b>					
Domestic Violence	<input type="checkbox"/>	Racial Harassment	<input type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>

What type of property do you want?					
House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Shared house	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>	Upper floor flat	<input type="checkbox"/>		
Where would you prefer to live? (please list areas)					
City			County		
Do you already live in this area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If you answered 'No', why do you want to live here?					
Do you require disabled access?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Data Protection Act 1998 Statement
<p>The information collected from this application is used in accordance with the Data Protection Act 1998. This information will be processed lawfully and fairly to ensure that applicants in housing and/or support need are identified and placed on the Housing/Support Register.</p> <p>The information will be processed by Advance for monitoring our standard of service. We will hold information from this form on a computer system.</p> <p>Any information shared with external agencies such as The National Register of Social Housing, Housing Corporation, Local Authorities, Department of Health and Social Care, is for reporting purposes and will not identify individual applicants.</p>
Your Declaration This must be signed by the person who wants to be put on the waiting list or by the person acting on the applicants behalf.
<p>I / We confirm that the information provided is correct to the best of my knowledge. I give my consent for Advance to hold this information about me, and agree to inform Advance of any changes to the details provided.</p> <p>I understand that if I knowingly give false information Advance will be entitled by law to take steps to terminate any agreement. I understand that Advance is entitled to make enquiries about my background.</p> <p>I authorise any former landlord, local authority, statutory or police authority, health or social care agency to disclose any relevant information in support of my application.</p> <p>Name: ..... Job Title: .....</p> <p>Signature: ..... Date: ___ / ___ / ____</p>

<p><i>Office Use Only</i></p> <p><i>Approval received to let:</i></p> <p><i>From:</i></p> <p><i>Date:</i></p>
---

<b>This section to be completed by a medical or professional person</b>				
<b>Assessment of support needs</b>				
Medical history (please give details of any major operations and serious illness, including psychiatric treatment):				
Does the applicant have a physical disability? (please give details):				
Does the applicant use any special equipment or have there been any adaptations made to their home? (please give details):				
Does the applicant have any allergies? (please give details):				
Does the applicant have any fears or phobias? (please give details):				
Medication / treatment received (please give details):				
<b>Please indicate your assessment of the applicant's abilities and daily living skills using the following key for scoring in the assessment: (please tick as appropriate)</b>				
<b>Key:</b> 1 = Fully competent / keen / interested    2 = Require some support    3 = Require considerable support    N/A				
<b>Skill</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>N/A</b>
Ensuring security of home				
Operating household appliances				
Planning, preparing and cooking food, clearing up and putting away				
Maintaining hygiene, and day-to-day personal appearance				
Advice, prompting and reminding about a healthy lifestyle, i.e. taking medication				
Shopping				
Literacy & numeracy				
Budgeting				
Risk of exploitation				
Risk to self				
Risk to others				
<b>Risk Indicators</b>				
Please record all relevant information on the following areas in relation to the applicant				
<b>Is there any evidence of the following (recently or in the past – including allegations / suspicions) which might give rise to concern (please provide details)</b>				
Misuse of intoxicants (e.g. alcohol or other non-prescribed drugs / substances)				
Misuse of medication				
Self harm / suicidal behaviour				

High level of distress expressed	
Intimidating behaviour / aggression and / or assault	
Use of weapons	
Prior admission to high / low / medium security unit	
Forensic history	
Inappropriate sexual thoughts / behaviour / use of pornographic materials	
Current or past medical diagnosis of psychotic illness (acute or chronic) or "personality disorder"	
Dangerous impulsive behaviour	
Arson / behaviour which might give rise to a fire risk (e.g. smoking in bed)	
Poor self-care	
Lack of a sense of control over life	
High level of frustration	
Any other possible areas of concern	

<b>Declaration</b>		
I / We confirm that the information provided is correct to the best of my knowledge. I / We understand this information is required before the individual can be placed on the waiting list for services.		
Name: .....	Job Title: .....	
Signature: .....	Date: ___ / ___ / ___	
<b>Who is completing this application? (please tick as appropriate)</b>		
Probation <input type="checkbox"/>	Local Authority <input type="checkbox"/>	Health and Social Care <input type="checkbox"/>
Other <input type="checkbox"/>		

## APPLICATION FEEDBACK

<b>1</b>	<b>Did you feel you were given enough information about the service?</b>		
a)	Yes	c)	Too much
b)	Would have liked more	d)	No
<b>What additional information would have been helpful?</b>			
<b>2</b>	<b>Did you understand all the information given?</b>		
a)	Yes	c)	Some but not much
b)	Not all of it	d)	Not at all
<b>What did you find most difficult to understand?</b>			
<b>3</b>	<b>Did you have anyone to explain the information to you?</b>		
a)	Yes	b)	No
<b>If Yes – who was it and how helpful did you find it?</b>			
<b>4</b>	<b>Were you clear about the purpose of the Service before you decided you wanted to move in?</b>		
a)	Yes	c)	Not very clear
b)	Almost but not quite	d)	Not at all
<b>If you didn't answer 'Yes' what was not clear?</b>			
<b>5</b>	<b>How did you get this application form?</b>		
a)	From Advance website	b)	At a referral interview
c)	From Housing Officer	d)	In the post
e)	From Support Worker	f)	Another way