

## P.E.O.P.L.E

### ACCOMMODATION SERVICE – APPLICATION FORM

Any information that you provide on this form will remain within the staff team

Name:

Date Of Birth:

National Insurance Number :

Contact Number:

**Name Of Referring Prison Or Agency:**

Contact Name:

Telephone Number:

E-Mail Address:

How Did You Hear About P.E.O.P.L.E?:

Current Status Of Applicant:

Current Contact Address:

Release Date If Still In Custody:

**PLEASE BE AWARE THAT PROSPECTIVE BENEFICIARIES MUST BE AGED 25 AND OVER**

**WE CANNOT OFFER ASSESSMENTS / HOUSING TO THOSE UNDER 25**

## **P.E.O.P.L.E**

### **ACCOMMODATION SERVICE – APPLICATION FORM**

Any information that you provide on this form will remain within the staff team

Please Describe Your Housing Situation Prior To Being In Prison Or Homeless:

Have You Ever Held A Housing Association Or Council Tenancy? Yes/No

Have You Ever Lived In Shared Accommodation Before? Yes/No

Do You Have Any Concerns About It?

Do You Have Any Friends Or Family In The Norton / Radstock Area?

People Aged Under 16 Years Are Not Allowed On Our Premises,

Would This Be A Problem For You?

## P.E.O.P.L.E

### ACCOMMODATION SERVICE – APPLICATION FORM

Any information that you provide on this form will remain within the staff team

#### Confidential

Do You Have Any Outstanding Court Appearances? If Yes, Please Give Details:

Nature Of Your Offences:

Do You Have Any Drug Or Alcohol Issues?

If So, Is There Any Agency Support?

Do You Have Any Physical Health Problems?

If Yes, Please Give Details:

Do You Have Any Other Agency Support i.e. Social Worker / Probation Officer?

If Yes, Please Give Details:

Please attach the following report to this application form if you can. Please note that application may not be processed until these reports are received.

- Pre- sentence Report  
(You should gain offenders permission to see this)

Please attach any other relevant reports and tick where to show which are attached.

(Please note: You should have the author's permission to share any 3<sup>rd</sup> party reports)

- Offender Assessment System OASys
- Home Detention Curfew HDC
- Psychiatric Reports
- Other

**Confidential**

We ask for the names and addresses of two people that we can contact and ask for further information to support this application. These should not be family or friends and preferably people who have known you for at least 3 months.

Please complete and sign both of the following statements to give permission for us to contact the named people for supporting information.

Name: .....

Address: .....

..... Tel no: .....

How do you know this person? .....

I, ..... agree that P.E.O.P.L.E Accommodation Service can contact the above person to ask for information to support this application for housing.

Signature of applicant: ..... Date: .....

Name: .....

Address: .....

..... Tel no: .....

How do you know this person? .....

I, ..... agree that P.E.O.P.L.E Accommodation Service, can contact the above person to ask for information to support this application for housing.

Signature of applicant: ..... Date: .....

**Confidential**

P.E.O.P.L.E Accommodation Service - Monitoring Information

We would be grateful if you could complete this monitoring page as it is needed for our referral statistics. You do not have to complete this page if you do not want to. Whether you complete this page or not will not affect your application for housing.

All information will remain confidential.

Gender:

Male	
------	--

Race/Ethnicity: If the beneficiary does not fall into any of the categories, please add in the bottom right box

White British		Asian or Asian British Indian		Mixed White and Asian		Black or Black British Caribbean	
White Irish		Asian or Asian British Pakistani		Mixed White and Black Caribbean		Black or Black African	
White Other		Asian or British Bangladeshi		Mixed White and Black African		Black or Black British Other	
Chinese		Asian or Asian British Other		Mixed White and Other		<b><u>Other</u></b>	

Do you consider yourself to have a disability?

Yes		No	
-----	--	----	--

Are you registered as a disabled person?

Yes		No	
-----	--	----	--

Please return the completed form to

**P.E.O.P.L.E**

**55a High Street**

**Midsomer Norton**

**BA3 2DQ**

## The Charity authorisation form

### Your consent to contact agencies/and or individuals who are also supporting you

We aim to provide the best service we can. To do this we sometimes need to discuss your welfare and support with other agencies or people who are also supporting you. We need your consent to do this. To ensure we're all clear what you are consenting to we ask you to sign a separate form for each agency or individual concerned.

Where you are happy to give your consent please sign the form below. You can change your mind and let us know you want to withdraw your consent.

We provide a service to you that will respect your privacy. What we mean by confidentiality. Unless someone is at risk of harm, or the law requires it, The Charity will not pass information on about you without your consent.

I, \_\_\_\_\_ give my permission for staff at the Charity to discuss the following aspect of my support, health, safety and welfare with the following agency or person.

Aspects of support, e.g. support plan, \_\_\_\_\_

\_\_\_\_\_

Agency or individual of the Charity can discuss the aspects of support identified with (e.g. social services, specific family members)

\_\_\_\_\_

We will review this agreement with you at regular intervals. Date of Review \_\_\_\_\_

*Remember, you can discuss, withdraw, change or review your consent at any time.*

**I consent for the information sharing described above, and acknowledge that in exceptional circumstances when someone may be harmed or when the law requires P.E.O.P.L.E Charity to, staff may contact agencies or individuals without my consent.**

**Signed.....Date.....**

**Print Name Mr**

