

APPLICATION FORM

Applicant number:	
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Section 1 – About you

My name	
My address:	
My postcode	
My telephone number	
My national insurance number*	
My date of birth	
I am Male <input type="checkbox"/> Female <input type="checkbox"/> <i>(please tick)</i>	

*This information will be held securely; see also the statement at the end of this form regarding the Data Protection Act.

Are you related to anyone who works at Carr-Gomm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you related to anyone who is on Carr-Gomm's Board?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>If you have answered yes, please give the name of the person you are related to:</u> 	

Please tell us the last **2** addresses you lived at before you moved to where you live now:

Address	Name of landlord (and their phone number if you know it)	Dates I lived there	
		From	To
1.			

Why did you leave this address?

2.			
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Why did you leave?

Do you use a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please give us some more details

Section 2 – Can Carr-Gomm help?

(a) Where do you want to live?

(b) What sort of things do you need help with? You can tick **up to 4** of the 28 boxes in the first column (called “Most important”), and **as many as you like** in the second column (called “Other needs”).

Things I need help with	Most important (choose up to 4)	Other needs (choose as many as you like)	Office use only Insert CORE code
Health (mental or physical) and Abilities (physical or learning)			
1. I need help with mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	
2. I have a physical difficulty	<input type="checkbox"/>	<input type="checkbox"/>	
3. I have difficulties seeing or hearing	<input type="checkbox"/>	<input type="checkbox"/>	
4. I have a serious long-term illness	<input type="checkbox"/>	<input type="checkbox"/>	
5. I have AIDS or I am HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	
6. I have a learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	
Housing			
7. I don't have anywhere to live AND I am single AND I need support	<input type="checkbox"/>	<input type="checkbox"/>	
8. I am a refugee	<input type="checkbox"/>	<input type="checkbox"/>	
9. I sleep on the streets (a “rough sleeper”)	<input type="checkbox"/>	<input type="checkbox"/>	
Drink and drugs			
10. I have a problem with drink	<input type="checkbox"/>	<input type="checkbox"/>	
11. I have a problem with drugs	<input type="checkbox"/>	<input type="checkbox"/>	

Things I need help with	Most important (choose up to 4)	Other needs (choose as many as you like)	Office use only Insert CORE code
Crime			
12. I am on probation	<input type="checkbox"/>	<input type="checkbox"/>	
13. I have recently come out of prison or I am due to come out soon	<input type="checkbox"/>	<input type="checkbox"/>	
14. I need help with my behaviour which is putting me at risk of going to prison	<input type="checkbox"/>	<input type="checkbox"/>	
15. I have recently come out of prison or I am due to come out soon AND I need help with mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	
Age			
16. I am a young person leaving care	<input type="checkbox"/>	<input type="checkbox"/>	
17. I am aged between 16 and 25 and I am homeless or at risk of becoming homeless	<input type="checkbox"/>	<input type="checkbox"/>	
18. I am aged between 16 and 25 and I am at risk from other people	<input type="checkbox"/>	<input type="checkbox"/>	
19. I am aged over 54 and I need support	<input type="checkbox"/>	<input type="checkbox"/>	
20. I am aged over 54 and I have a mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	
21. I am aged over 74 and I have a serious illness or disability	<input type="checkbox"/>	<input type="checkbox"/>	
Families and children			
22. I am under 20 with a child or children OR I am under 20 and expecting a baby	<input type="checkbox"/>	<input type="checkbox"/>	
23. I am on my own and I have a child to look after AND I do not have anywhere to live	<input type="checkbox"/>	<input type="checkbox"/>	

Things I need help with	Most important (choose up to 4)	Other needs (choose as many as you like)	Office use only Insert CORE code
24. We are a homeless family	<input type="checkbox"/>	<input type="checkbox"/>	
Escaping violence			
25. I am a woman and I am at risk of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	
26. I need to move to get away from violence	<input type="checkbox"/>	<input type="checkbox"/>	
Other			
27. I am a traveller	<input type="checkbox"/>	<input type="checkbox"/>	
28. I need help with making friends so I am not isolated	<input type="checkbox"/>	<input type="checkbox"/>	

(c) Thinking about the four most important needs you have ticked, what is the **one** thing you need the **most** support with? Write it down in the box below

29.		Office use only Insert CORE code
30. If you can't choose because you need a lot of support with most things, please tick this box	<input type="checkbox"/>	Generic

OR You can tick the box below if it applies to you

31. I have lots of needs or needs that aren't in the list above (complex needs)	<input type="checkbox"/>	Complex (secondary need)
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(d) I would like help with being able to live more independently	Yes <input type="checkbox"/> No <input type="checkbox"/>
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(e) If there is anything else you need support with, or if you want to say anything else about your support needs, please write it in the box below

(f) Please tell us if you have ever been convicted of any of the following offences (even if you answer “**yes**”, Carr-Gomm may still be able to help you):

Murder or attempted murder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use of firearms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Serious offences against children	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rape or indecent assault	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wounding or grievous bodily harm (GBH)	Yes <input type="checkbox"/> No <input type="checkbox"/>
False imprisonment (kidnapping)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arson	Yes <input type="checkbox"/> No <input type="checkbox"/>
Robbery or aggravated burglary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dealing or supplying illegal drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>
A racially-motivated crime	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered “**yes**” to any of the above, please tell us

When were you convicted?	(date)
Were you sent to prison?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how long for?	

Please tell us if you have been convicted of any other offences which you think we need to know about

Offence	Date	Sent to prison? (Yes / No)	If yes, how long was the sentence?

If any of the following applies to you, please tick the box:

A court order or injunction has been taken out against me	<input type="checkbox"/>
I have an anti-social behaviour order (ASBO), anti-social behaviour injunction (ASBI), or acceptable behaviour contract (ABC)	<input type="checkbox"/>

Section 3 – Who suggested that you apply to Carr-Gomm?

	Tick
Local housing authority	<input type="checkbox"/>
Local housing authority with nominations agreement	<input type="checkbox"/>
Social services	<input type="checkbox"/>
Probation service / prison service	<input type="checkbox"/>
Community mental health team	<input type="checkbox"/>
Voluntary agency	<input type="checkbox"/>
Housing mobility scheme	<input type="checkbox"/>
Another housing association or RSL	<input type="checkbox"/>
Health service or GP	<input type="checkbox"/>
Youth offending team	<input type="checkbox"/>
Police	<input type="checkbox"/>
No-one – I decided to apply on my own	<input type="checkbox"/>

	Tick
I wish to transfer from another Carr-Gomm service	<input type="checkbox"/>
Other (please say who)	<input type="checkbox"/>

Section 4 – Information from other people

Please tell us about your referral agency (if you have one)

Name of agency	
Address	
Name of person to contact	
Their phone number	

Please give us the name of another person who could talk to us about your application. This should be someone who knows about you and the sort of help you might need – for example, a health visitor, a social worker, a probation officer, a community psychiatric nurse, etc

Name	
Job title	
Address	
Telephone number	

Section 5 - Consent Form and Signature

Please read the following two statements then sign to say you agree.

1. I give permission for relevant information to be given to Carr-Gomm about my application.

2. As far as I know, the answers I have written on this form are true.

Signature	
Date	

If you have signed on behalf of the applicant (third party signature) please give your name and state your relationship to the applicant

Name	
Relationship to applicant	

Thank you for completing this application form.

Data Protection Act 1998

According to the Data Protection Act you have the right to:

- see most of the information Carr-Gomm holds about you on computer; (Carr-Gomm also gives you the right to see written information about you which we do not have on computer);
- correct any inaccurate or misleading information;
- ask to be compensated for any damage you may suffer if information is misused

Under certain circumstances, we may have the right to refuse to show you information. This would be if

- disclosure would be likely to carry a risk of serious harm, either physical or mental, to you or someone else, including staff or other professionals;
- where the release of the information would be likely to affect the prevention or detection of a crime;
- where information is restricted under the Medical Records Act or Access to Medical Records Act;
- where information is restricted by legislation in connection with adoption.

Form 2a

FACTS AND FIGURES ABOUT YOU

This information will be kept separately from your application form.

If there are any questions you don't wish to answer, then you don't have to – but don't forget, the form won't have your name on it.

We will use the information to make sure we are being fair in the way we use our application policy for housing and support services.

How old are you?

Are you **Male** or **Female** or **Transgender** ? (please tick)

Do you use a wheelchair? **Yes** **No** (please tick)

Are you registered disabled? **Yes** **No** (please tick)

Do you consider yourself to be (please tick one box)

Straight	<input type="checkbox"/>	Gay man	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
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Don't wish to answer	<input type="checkbox"/>
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What is your ethnic origin? (please tick the one that applies to you)

White	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other	<input type="checkbox"/>
Asian or Asian British	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other	<input type="checkbox"/>
Gypsy / Romany / Irish Traveller	<input type="checkbox"/>
Don't wish to answer	<input type="checkbox"/>

Mixed	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Other	<input type="checkbox"/>
Black or Black British	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other	<input type="checkbox"/>
Chinese or other ethnic group	
Chinese	<input type="checkbox"/>
Other	<input type="checkbox"/>

Thank you for completing this form.