**This application form is designed to give the service basic information about you and your circumstances. It also asks you to consider your life experience and your thoughts about the support you could offer a young person**

### Data Protection Act 1998

The Council does not sell, trade, provide or rent personal information to third parties. Specific personal information will be released where the Council is required to do by law, e.g. court order. Transfer of data will be done so on the express permission of the supplying individual. All data received by the council will be afforded protection, whether in a manual or electronic form in line with the Data Protection Act 1998 and British Standard 7799. When the data is no longer required or fit for purpose it will be destroyed or expunged from system areas. Access to data supplied will only be used by relevant council staff, who will ensure that surreptitious viewing is prohibited to unauthorised individuals.

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| --- | --- |
| Applicant Name: | Current Address: |
| Role: Supported Lodgings Provider | DOB: |
| NI Number: | Daytime Tel: |
| GP:  | Contact: |
| Applicant Name: | Current Address: |
| Role: Supported Lodgings Provider | DOB: |
| NI Number: | Daytime Tel: |
| GP:  | Contact: |

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| Members of your household. Please include DOB and their relationship to you. |
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| Do you have any pets?(Age, breed) |
| Is your pet(s) neutered? Yes [ ]  No [ ]  |

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| Can you please tell us what kind of tenancy you have? |
| Council/Housing Association Tenant [ ]  Private Landlord [ ]  Owner Occupier with mortgage [ ]  Owner Occupier, no mortgage [ ] What type of home do you live in?Detached House [ ]  Semi-detached House [ ]  Bungalow [ ]  Flat/Maisonette [ ]  Terraced [ ] How Long have you lived at your current address?  |

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| Please tell us about anyone else who visits your home on a regular basis, this could be friends or extended family members |
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| Please describe the home you live in.  |
| Can you tell us a little about the area you live (bus routes, local amenities ie nearest GP practice, shops etc)? |

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| Please provide your last 5 years housing history |
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| --- | --- | --- |
| Address |  Date From | Date To |
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| What type of heating do you have? |
| Is there heating available in all rooms within your home? Yes [ ]  No [ ]  |

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| Please describe the room you have available that would be offered to a young person |
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| Have you previously offered Supported Lodgings or Fostering? Yes [ ]  No [ ]  |

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| Do you work? Please tell us what you do and typical shift patterns/routines. |
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| Please describe a typical week, and general routine for you and your family |
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| Why would you like to be a Supported Lodgings Host? |
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| Health- Do you consider yourself fit and healthy |
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| What support would you provide to our young people? (advice, support, guidance) |
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| How would you help them to learn valuable independent living skills? |
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| What is your understanding of homelessness or young people who have been cared for by the local authority? |
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| Do you and your family go on holiday? |
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| How did you find out about our supported lodgings scheme? |
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| Please add any other information you would like us to know about yourself or application here, or write down any key questions you may have. |
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| Would you be willing to undertake training? Yes [ ]  No [ ]  |
| Are you confident in using I.T systems? Yes [ ]  No [ ] Do you have access to a computer/laptop? Yes [ ]  No [ ]  Please note your email address down here: |

Do you consent to a financial assessment? Yes [ ]  No [ ]

Do you consent to submitting a personal statement? Yes [ ]  No [ ]

Do you consent to submitting your work history? Yes [ ]  No [ ]

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| **Please provide us with the names and addresses of two people we could contact** **For a personal reference. If possible, include at least one person who knows you in a professional capacity i.e. your employer/manager or your GP etc** |

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| --- | --- | --- |
| Reference 1 |  | Reference 2 |
| Name |  |  | Name |  |
| Address |  |  | Address |  |
| TelephoneNumber |  |  | Telephone number |  |
| Position/relationship |  |  | Position/relationship |  |

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| --- |
| Would you be willing to give consent for Disclosure and Barring Service and Children’sServices checks to be carried out? |

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| --- | --- | --- | --- |
| Yes |  | No |  |

**\* You are advised to check that your Building Society has no objection to you taking in a young person as a lodger.**

Thank you for taking time to complete this form.

Please return to:

Email: supportedlodgings@togetherforchildren.org.uk

Or alternatively post:

**TfC-Sunderland Supported Lodgings Scheme (Marked Strictly Confidential)**

**Laura Mills or Emmajane Richardson, Together for Children-Supported Lodgings Scheme, Stanfield Centre, Sunderland, SR2 8SZ.**

Completed date:

Signature:

Signature: