



**HINCKLEY HOMELESS
GROUP**

Stonham
part of
home

Application form for Stonham (Wykin) and Lawrence House

Referral agency	
Contact name	
Contact Number	

Dear applicant

Stonham (a division of Home Group Limited) and Hinckley Homeless Group provide housing and other support services and will use the information we collect from this form only to process your application to one of our services. If you would like help with completing this form, please contact us at either of the addresses below and one of our service staff will be glad to help. Please ensure that you answer all questions fully.

By completing this form you are applying for accommodation to both Services. Your application will be assessed and if you are accepted you will be offered accommodation at the service which meets your needs

Applicant's name	
------------------	--

Service name	The Wykin Project	Lawrence House
Service address	8, Frederick Avenue Hinckley, Leicestershire	Wood Street Hinckley, Leicestershire
Post code	LE10 0EX	LE10 1JQ
Tel No:	01455 635093	01455 890688
Fax No:	01455 635093	01455 618139

YOUR DETAILS			
Address			
Post code		Contact Tel No.	
N.I Number		Nationality	
Date of birth		Age	
Gender	Male	Female	Transgender
Next of kin & contact details			
Do you have someone to act as a Rent Guarantor (under 18)	Yes	No	
Name of Guarantor & contact details			
Name of GP Address of GP Tel			

YOUR HOUSING			
Are you currently homeless		Yes	No
If yes – how long have you been homeless			
How did you become homeless? (please describe)			
Is your current housing status		Temporary	Permanent Homeless
Are you on the local housing register? Please give details		Yes	No
Do you have any children?		Yes	No (if yes, please give details)
Where have you lived in the past? Please provide a minimum of three years. (Starting with the most recent address and include any hostel, hospital or prison stays. Please continue on a separate sheet if needed)			
1. Address		Was this your tenancy?	
Landlord		Dates of stay (start & end)	
Reason for leaving		Length of stay	
Arrears outstanding		Other	
2. Address		Was this your tenancy?	
Landlord		Dates of stay (start & end)	
Reason for leaving		Length of stay	
Arrears outstanding		Other	
3. Address		Was this your tenancy?	
Landlord		Dates of stay (start & end)	
Reason for leaving		Length of stay	
Arrears outstanding		Other	

ABOUT YOU (this will help us to make an assessment of your needs)			
Do you drink alcohol?		Yes	No
- if yes how often? -How does alcohol affect you?			
Are you currently or have you ever been dependent on alcohol?		Yes	No
Have you ever used illegal drugs?		Yes	No
- if yes please give details of the drugs you used and when used last			
Do you have a drug or alcohol worker?		Yes	No
- if yes please give details			
Do you have any of the following conditions	Asthma	Epilepsy	Allergies Diabetes Other
Do you take any prescribed drugs?	Yes	No	
- if yes please give details			
MENTAL HEALTH			
Do you have a history of any of the following? (please tick)		Psychiatric Care	Suicide Attempts
		Self Harm	Other
Please give details e.g. Who involved, when, what were you treated for, current status, treatment centre			
OFFENDING HISTORY			
Have you ever been arrested? (if yes how many times)	Yes	No	Outcome
Do you have any previous convictions for any of the following, (insert number of offences)	Violence		Drugs
	Theft/Burglary		Motoring Offences
	Other Please give details		
Do you have a probation officer or youth offending officer?	Yes	No	
		Name: Address: Tel:	
Are you on a community service order, ASBO or any other order from the courts		Yes	No
Do you need support with legal matters not related to offending behaviour?		Yes	No
-Please give details			

YOUR SUPPORT NEEDS (please tick all the boxes for things where you need support)		
Housing	Keeping your room/home safe, clean and tidy	Past or present problems with neighbours
	Notice or evictions	Arranging repairs
	Rent arrears	Other (state)
Finance	Paying rent	Claiming benefits
	Paying bills	Clearing debts
	Budget planning	Other (state)
Support networks / family / friends	Family links	Friends
	Other social networks	Isolation
	Domestic abuse	Offending
	Behaviour management	Other (state)
Meaningful use of time	Training	Education
	Employment	Interests
	Literacy needs	Help with language
	Voluntary work	Other (state)
Diversity	Cultural needs	Religious needs
	Other (state)	
Physical health and wellbeing	Getting a doctor	Getting a dentist
	Exercise	Hygiene
	Diet	Getting support from other agencies
	Other (state)	
Pregnancy	Are you pregnant	Yes No
	If yes, what is the baby's due date?	
Are there any other areas you would like support with? if yes please give details		Yes No
Do you have anyone you can turn to for emotional support? If yes please give details		Yes No
Do you have a Social Worker? If yes, please give details		Yes No
YOUR FINANCIAL SITUATION		

DECLARATION

I can confirm that the information I have given is correct. I understand that if any information I have provided is found to be false you may withdraw any services or offer of a service, including housing, or if I have already moved into a Stonham and/or Hinckley Homeless Group service you may take legal action, which may result in you asking me to move out.

Signed (applicant)**Date****Print Name****YOUR CONSENT TO CONTACT OTHER AGENCIES ABOUT THIS APPLICATION**

I give my permission for staff at Stonham and/or Hinckley Homeless Group to discuss this application and all the information I have provided in this form with other agencies.

Signed**Date****Print Name**

All information supplied will be held by Hinckley Homeless Group and/or Stonham and will remain secure and confidential. Your details will be processed fairly and lawfully in accordance with the Data Protection Act 1998"

Thank you for completing this application form Monitoring

Please can you also complete the monitoring form attached. The information you provided helps us to monitor our policies to ensure they are fair and promote access to all those who need our services.

Monitoring information does not form part of the decision making process but we would appreciate it if you could complete it

Our commitment to you

1. We will assess your application within 3 days.
2. If we think we may be able to help you, we will invite you to an interview to discuss your application in more detail within 7 days
3. we will keep you informed about how your application is progressing
4. if we cannot offer you a place with our service we will let you know and give you the reasons for our decision.
5. We will make sure we treat your application fairly and without discrimination.

Appeals process

If you are unhappy about any decision made in the application process, you can appeal to the service manager of the service you applied to. You can do this in writing, by telephone, or in person. Their details are on the front of this form.

MONITORING

Stonham and Hinckley Homeless Group are committed to eliminating discrimination and promoting equality of opportunity. To ensure this we monitor the race, ethnicity, gender and disability of all applicants. Your information will be treated in the strictest confidence and used only as described above. It will not form part of the decision making process. You do not have to complete this section if you don't want to.

Marital status	Married	single	Separated
	Divorced	Other (Please specify)	

Do you consider yourself to have a disability?		Yes	No
If yes, what sort of disability?	Slight disability	Physical disability	
	Hearing disability	Learning disability	
	Mental health disability	Prefer not to say	

Which group describes your ethnicity?			
White	British	Irish	Other
Black or Black British	Caribbean	African	Other
Asian or Asian British	Indian	Pakistani	Bangladeshi
	Chinese	Japanese	Other
Mixed	White and Black Caribbean		White and Black African
	White and Asian		Other
Gypsies and travellers	Gypsy	Romane	Irish traveller
	Other		
Prefer not to say (please tick)			

Sexuality	Heterosexual	Gay man	Lesbian	Bisexual
Religion				
Refuse to answer this section				