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**Application for accommodation at CHYP**

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| **Your details** | | | | | | | |
| Your name | |  | | | | | |
| Your mobile number | |  | | | | | |
| When is the best time to call you? | |  | | | | | |
| Is there an address where we can write to you? | |  | | | | | |
| Your Date of Birth |  | | | Your age | |  | |
| Do you identify as.? | Female | | Male | | Trans | | Other |
| Do you have a physical, medical or mental health condition which has a substantial and long term effect on your day-to-day life? No  Yes  if yes, please tick boxes below:  ADD / ADHD  Autism/Aspergers  Learning difficulty  Mental health e.g. anxiety or eating disorder  Medical e.g. diabetes/epilepsy  Physical  Vision, hearing or speech impaired | | | | | | | |
| Women only, are you pregnant? No  Yes | | | | | | | |
| Do you have any other special needs we might need to know about so that we can help you?  No  Yes | | | | | | | |
| Are you a..?  British Citizen  Citizen of the UK and colonies  EU / EEA Citizen\*  Other nationality  \* The EU/EEA countries are: Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden | | | | | | | |
| Do you have a passport **or** a full birth certificate (which shows your parent[s] names) **or** a driving licence?  No  Yes | | | | | | | |
| Do you know your National Insurance number?  No  Yes | | | | | | | |
| Do you have a bank or building society account which is in your own name?  No  Yes | | | | | | | |

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| **Reason for your application** |
| In one or two sentences, can you explain why you are applying for accommodation at CHYP? |

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| **More about you** | |
| Do you have any cautions or police warnings? | No  Yes |
| Have you ever been found guilty by a magistrate’s court or a crown court? | No  Yes |
| Are you on bail at the moment or do you have any court dates coming up? | No  Yes |
| Has any action ever been taken against you by the Police, a local authority or a housing association for anti-social behaviour? | No  Yes |
| Are you currently working with Probation or Youth Offending? | No  Yes |

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| **Housing** | |
| Have you ever had a bedsit, lodgings or a flat of your own? | No  Yes |
| Have you ever been evicted from, or asked to leave any previous accommodation? | No  Yes |
| Do you have any rent arrears from previous accommodation? | No  Yes |
| Have you ever been fostered or ‘looked after’ by the local authority? | No  Yes |
| How long have you lived in the Cotswolds? |  |
| Do you have any close relatives living this area? | No  Yes |
| If you haven’t lived in this area before and you don’t have any relatives living here, what is your local connection? | |

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| **Learning, earning and leisure** |
| Are you..?  working?  at college?  unemployed?  sick/disabled? |
| How do you spend your time when you’re not at work or college? |

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| **Money** | |
| What is your income at the moment? | |
| Have you ever claimed ‘Universal Credit’? | No  Yes |
| Have you ever claimed ‘Housing Benefit’? | No  Yes |
| If you’re not working at the moment and you’re not claiming benefits, what are you living on? | |
| Do you have any debts or payment commitments e.g. phone contract, overdraft, payday loans, court fines etc. | No  Yes |
| Have you ever had any issues with betting, gaming or gambling? | No  Yes |

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| **Health and emotional wellbeing** | |
| Do you have any physical health problems or medical conditions we might need to know about that you haven’t already mentioned? | No  Yes |
| Have you ever experienced anxiety, depression or some other mental health issue? | No  Yes |
| Do you think you have ever had an eating disorder or issues with food? | No  Yes |
| Have you ever received hospital treatment for your mental health? | No  Yes |
| Are you taking any regular medication? | No  Yes |

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| **Drugs and alcohol** |
| How often do you drink alcohol?  Never  Once or twice a year  Once a month  Once a week  Several times a week  Most days |
| Do you think you have ever had any issues with alcohol?  No  Yes |
| How often do you use non-prescription drugs, solvents or ‘legal highs’?  Never  Once or twice a year  Once a month  Once a week  Several times a week  Most days |
| Do you think you have ever had any issues with drugs, solvents or ‘legal highs’?  No  Yes |
| Have you ever used non-prescription drugs, solvents or ‘legal highs’ whilst you’ve been drinking?  No  Yes |

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| **Support networks** |
| Please tick if you receive help or support on a regular basis from any of these services  Doctor  Social Worker  Children & Young People’s Service  Youth Support Team  Youth Justice or Probation  Drug or alcohol services  Hospital consultant  Counsellor  Mental health worker  Floating support worker |
| Who are the important people in your life? |
| Do you know anyone who is living at CHYP at the moment or who has lived here in the past?  No  Yes |

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| **Safeguarding** |
| Have you ever deliberately harmed yourself or taken too much medication?  No  Yes |
| Have you ever lost control and hurt someone or damaged something?  No  Yes |
| Have you ever experienced violence, abuse or exploitation by other people?  No  Yes |
| Have you ever experienced bullying, harassment or discrimination?  No  Yes |
| Do you feel at risk of violence, abuse or exploitation by other people at the moment?  No  Yes |
| Is there anyone who you should not have contact with?  No  Yes |
| Is there anything else we might need to know about so we can help you to stay safe?  No  Yes |

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| **Your declaration** | | | |
| * I give my consent for CHYP to keep and process the personal information contained in this application form in accordance with the Data Protection Act (1998) * I confirm that the information I have given is true and correct to the best of my knowledge * I understand that giving false or misleading information could lead to the withdrawal of services, which means I could be asked to leave CHYP if I have already moved in | | | |
| Signed |  | Date |  |

Continue to the next page ⇨

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| **What happens next** |
| 1. Fill in details of your referees below ⇩ – we will need to speak to at least two people who can tell us a bit about you, your circumstances or your housing situation. 2. Return the whole form to us at the address or email shown below. 3. We will contact you to arrange a date for you to come in for an informal assessment interview. |



**CHYP – Cirencester Housing for Young People**

29-31 Querns Lane

Cirencester

Glos.

GL7 1RL

🕿 (01285) 651227

🖳 [chyp@btinternet.com](mailto:chyp@btinternet.com)

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| **Consent to contact your referees** |
| As part of your application for supported accommodation at CHYP, we will need to speak to at least two different people who can confirm the information on your application form, or tell us about your current circumstances or your housing situation.  Ideally, your references should be people who have known you, or worked with you, for a little while and have an understanding of your circumstances and support needs.  If you are 16 or 17 years old and have recently left your family home, but are not being looked after by the local authority, we will need to speak to your parent(s) or guardian to confirm that you are ‘estranged’ from them and are unable to live with them, unless doing this would put you at risk of harm. If you feel that this is the case, please tell us. |

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| 1st referees name |  |
| Their relationship to you |  |
| Their phone number |  |

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| --- | --- |
| 2nd referees name |  |
| Their relationship to you |  |
| Their phone number |  |

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| --- | --- |
| 3rd referees name |  |
| Their relationship to you |  |
| Their phone number |  |

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| Please sign below to show that:-   * you give your consent for us to contact the people/organisations you have named above * you give your consent for those people/organisations named above to speak to us, and provide us with information about your suitability for living in shared accommodation, your housing situation and your support needs | | | |
| Signed: |  | Date: |  |
| Print name: |  | | |