

APPLICATION FOR LODGINGS (Strictly confidential)

Please complete all sections carefully and in **BLOCK CAPITALS**

1. DETAILS OF APPLICANT

Surname:		Forenames:	
Home/Contact Address:			
Postcode:			
email:		Safe to leave a message? Y <input type="checkbox"/> /N <input type="checkbox"/>	
Tel: home		Tel: work:	
D.O.B:		Age:	
Male <input type="checkbox"/> / Female <input type="checkbox"/>			
Transgender <input type="checkbox"/>			
Undisclosed <input type="checkbox"/>		Single <input type="checkbox"/>	
		Transport: <input type="checkbox"/>	

2. EMPLOYMENT STATUS

Full time (FT): <input type="checkbox"/>	Part time (PT): <input type="checkbox"/>	If PT – no of hours	
Self Employed (SE): <input type="checkbox"/>	In Education (ED): <input type="checkbox"/>	Unemployed (UB):	<input type="checkbox"/>
Retired <input type="checkbox"/>	Other: Please state		
National Insurance No: _____			
Occupation & Length of time employed: _____			
Employers Name and Address [if applicable]: _____			
Income: £ _____ per week <input type="checkbox"/> /per month <input type="checkbox"/>			
Are you in receipt of Benefits yes <input type="checkbox"/> /no <input type="checkbox"/> /applying <input type="checkbox"/>			If 'yes' which:
Amount currently receiving: £ _____ Weekly / fortnightly / monthly			
Deductions being made: £ _____ Reason for deduction: _____			

3. PRESENT ACCOMMODATION

No Fixed Abode (NFA)	<input type="checkbox"/>	Where? e.g. bus shelter/car etc.				
Parents/Relatives (FH)	<input type="checkbox"/>	Friends (FR)	<input type="checkbox"/>	Lodgings (L)	<input type="checkbox"/>	
Temporary:	Hostel (H)	<input type="checkbox"/>	Bed & Breakfast (BB)	<input type="checkbox"/>	Hospital etc (NHS)	<input type="checkbox"/>
Tenancy:	Council	<input type="checkbox"/>	Housing Association (HA)	<input type="checkbox"/>	Private Rented (PRS)	<input type="checkbox"/>
Ownership:	Owner (OO)	<input type="checkbox"/>	Other (OT) specify:			

4. ACCOMMODATION HISTORY

Please start with current accommodation. State length of time in accommodation, date of leaving (if known), reason for leaving and Landlords details if applicable.

1.
2.
3.
4.
I hereby give permission for Solo Housing (East Anglia Ltd) to contact my previous housing providers/landlords to seek information on my housing history and arrears (if applicable).
Signed
Date

5. LOCAL AUTHORITY WAITING LIST

a. Registered	<input type="checkbox"/>	b. Not Registered/Advised to Register	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Current Banding		Date registered			
Time in area:	years	months	weeks		

6. ABOUT YOURSELF

Do you have any children YES <input type="checkbox"/> /NO <input type="checkbox"/> (age and gender):	
Access/visitation rights:	
Do you have any pets YES <input type="checkbox"/> / NO <input type="checkbox"/> Please state:	Have you housed your pet Y <input type="checkbox"/> /N <input type="checkbox"/>
Could you live in a house with pets YES <input type="checkbox"/> /NO <input type="checkbox"/>	Do you smoke YES <input type="checkbox"/> /NO <input type="checkbox"/>
Could you live in a smoking household YES <input type="checkbox"/> /NO <input type="checkbox"/>	Would you be happy to smoke outside YES <input type="checkbox"/> /NO <input type="checkbox"/>

7. NEXT OF KIN /CONTACT NAME (Only in case of emergency)

Name:	Relationship:
Address:	
Postcode:	
Telephone: (include STD code)	

8. YOUR HEALTH

Please list any illnesses or allergies you have:

Please list any medication (and the dosage) you are taking:

Are you registered disabled YES /NO

If yes, please give details:

Do you have a history of:

Epilepsy	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Excessive Alcohol Use	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Psychiatric problems	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Excessive Gambling	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Drug/Solvent Use	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Any other problems	YES <input type="checkbox"/> /NO <input type="checkbox"/>

What help are you getting or have you had with these problems?

ADDITIONAL INFORMATION

9. DO YOU HAVE ANY OUTSTANDING DEBTS? If yes, specify amounts

Rent arrears	<input type="checkbox"/>	£	Credit cards	<input type="checkbox"/>	£
Mortgage arrears	<input type="checkbox"/>	£	Private loan	<input type="checkbox"/>	£
Utilities (gas,electric etc)	<input type="checkbox"/>	£	Overdraft	<input type="checkbox"/>	£
Other	<input type="checkbox"/>	£			
Do you have a deposit? YES <input type="checkbox"/> / NO <input type="checkbox"/>			If yes how much £		

10. HAVE YOU ANY INVOLVEMENT WITH THE FOLLOWING AGENCIES? (Now or in the past)

Social Services (SS)	<input type="checkbox"/>	Probation Services(PRO)	<input type="checkbox"/>	Leaving Care Team NCH)	<input type="checkbox"/>	Other (OT)	<input type="checkbox"/>
Name of Social/Caseworker:							
Address:							
							Postcode:
Telephone: (including STD code)							
Can we approach your Social/Caseworker for a report? YES <input type="checkbox"/> /NO <input type="checkbox"/>							
Signed by Applicant:				Date:			

11. CONVICTIONS

Do you have any cautions or convictions YES / NO - if YES please give details below	
Convicted of/cautioned for and Action taken against you	Month & Year of Conviction
Do you have any court cases pending YES <input type="checkbox"/> /NO <input type="checkbox"/> - if YES please give details below	
DO YOU HAVE A HISTORY OF VIOLENCE:	
TO YOURSELF YES <input type="checkbox"/> /NO <input type="checkbox"/>	TO OTHERS YES <input type="checkbox"/> /NO <input type="checkbox"/>
TO PROPERTY YES <input type="checkbox"/> /NO <input type="checkbox"/>	

12. IS THERE ANY OTHER RELEVANT INFORMATION YOU WISH TO LET US KNOW, WHICH MAY ENABLE US TO PLACE YOU IN APPROPRIATE ACCOMMODATION

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13. WHICH TYPE OF ACCOMMODATION WOULD YOU CONSIDER?

Lodgings/Room in House	<input type="checkbox"/>	
Supported Accommodation:		
Shared Accommodation: Sharing a house/flat with one other	<input type="checkbox"/>	Single Occupancy Accommodation. Hostel.
		<input type="checkbox"/> <input type="checkbox"/>
IN WHICH LOCATION(S) WOULD YOU CONSIDER ACCOMMODATION?		

14.

Where did you hear about SOLO HOUSING?

I certify that the above information provided by me in this form is correct.

Signature of applicant: Date:

Name (BLOCK CAPITALS)

IMPORTANT - CONSENT

IF YOU ARE RETURNING THIS APPLICATION ELECTRONICALLY AND YOU DO NOT HAVE THE FACILITY TO INSERT AN ELECTRONIC SIGNATURE; BY IT'S ELECTRONIC RETURN, SOLO HOUSING (EAST ANGLIA) LTD SHALL DEEM THAT YOU HAVE CONSENTED FOR US TO OBTAIN AND SHARE INFORMATION ON YOUR BEHALF, THAT WILL ENABLE US TO MAKE AN INFORMED DECISION AS TO YOUR SUITABILITY TO BE HOUSED IN ONE OF OUR HOUSING SCHEMES.

CLIENT CONSENT FORM

NAME (Of Applicant).

ADDRESS (Of Applicant).....

Solo Housing asks you for information about yourself so that we can make sure that we offer you the housing, services and support that you may need.

To make sure it is the most appropriate and effective service for you, it may mean sharing this information or obtaining information about you.

However, we will not pass on any information without your consent, unless we have a statutory duty to do so in order to:

- 1) Protect you, or
- 2) Prevent harm to someone else, or
- 3) Prevent or detect a serious crime

If we do use your information for other reasons, for example to help us manage or plan services, then we will make sure that you cannot be identified.

Accepting our services or accommodation will mean accepting that we are working in partnership with statutory authorities like the police, criminal justice services, social services or the local mental health team and may need to share information with relevant partner agencies.

DECLARATION

I understand the reasons why my consent is being sought and the need to share information has been fully explained. This information will be held on file and computer, which will remain confidential and will not be shared with any other agency without first seeking my permission. I understand that I can withdraw my consent in line with Solo Housing's procedures.

I agree that information about me may be used and obtained for the above purposes. (Please Tick as appropriate)

Please list any agencies/services or people that you would not like your information to be shared with.

Applicant signature: Date

Staff Member: Date

By returning this application electronically without an electronic signature you acknowledge acceptance of the use of your personal information as described here.

Date.....

PRIVACY STATEMENT FOR APPLICANTS AND SERVICE USERS

CONFIDENTIALITY AND ACCESS TO YOUR RECORDS

All organisations that provide services to vulnerable people store and record information. They also need to communicate with professionals in other organisations who may also be involved with them or hold information on them.

Organisations have a legal right to share information when it is in the best interest of an individual. In some circumstances there is a duty to share information and professionals would need to justify why they did not. Where we are unable to share relevant information with other agencies we may not in some cases be able to complete the processing of your application for accommodation.

Information sharing must be done in a way that is compatible with the Data Protection Legislation, the Human Rights Act and the common law duty of confidentiality. It is important to note that confidentiality must never be used as a reason for withholding information when it would be in the individual's best interests to share it.

What information is held by organisations?

Organisations hold information such as: name, gender, date of birth, address, details of next of kin, religion, ethnicity, and significant people. Organisations will also keep records of how they have assessed a person's needs and details of the services provided.

How long is the information held for?

Information will not be kept for longer than necessary. In some cases organisations are required by law to keep information for specified periods.

- Where you have been accommodated by Solo Housing we will retain your information for 6 years plus the current year
- Where you have applied for accommodation but were not successful we will keep your application records for 6 months
- Where there has been a Safeguarding investigation made whilst you were accommodated by Solo Housing we must keep your records for between 30 and 10 years depending on the seriousness of the safeguarding issue
- Where you have been employed by Solo Housing we will keep your HR records for 6 years plus the current year
- We will retain maternity, paternity or shared parental leave pay records for 3 years after the end of the tax year in which the payment stopped
- We will retain payroll information for 3 years from the end of the tax year they relate to
- Where you have applied for employment with Solo Housing we will retain the application details for 6 months
- Where we have rented accommodation from you (e.g. a private landlord) we will retain your information for 12 years plus the current year

Can I see what information is held on me?

Under the Data Protection Legislation you are entitled to know what information is held on you and for what purpose. You are also entitled to have access to this information by applying to the organisation that holds it.

What are my rights?

You have rights about the information held on you and how it is used.
Rights under the Data Protection Legislation

Under the Data Protection Act you have the right to:

- know what information is processed about you. This is the right of subject access
- see the information held on you (although there are some limited exceptions)
- stop information being used for direct marketing
- correct any inaccurate information
- prevent us processing your personal information (in certain circumstances)
- know the logic behind automated decision making
- prevent processing likely to cause damage or distress
- compensation for damage or distress by Data controller failing to comply with the Act.

Exceptions

There are a few exceptions to the above in relation to certain situations. Professionals have to release/share information under the following conditions:

- where they have a statutory duty to share information
- when a child is believed to be at risk of significant harm
- when there is evidence of serious public harm or risk to others
- where there is evidence of serious health risk to an individual
- for the prevention, detection or prosecution of serious crime
- when instructed to do so by a court

Caldicott Code of Good Practice

As well as legal safeguards, each local organisation is required to work within the Caldicott Code of Good Practice, which is as follows:

- justify why you need personally identifying information
- don't use personally identifiable information unless it is necessary
- in every case use the minimum amount of personally identifying information
- only those who need to know should have access to personally identifying information
- everyone should be aware of their responsibilities with regard to personal information
- everyone should understand and comply with the law
- There is no charge for this personal information which will be supplied to you generally within a month.



Date

Name:

Address:

.....
.....
.....

In signing this consent form you have given Solo Housing permission to take your photograph from time to time. We would not use your photograph in any literature or press release without your prior consent to do so and will contact you at the time we plan to use your photograph.

Please circle Y or N if you would prefer it if we **never** used your photograph in any literature or press release

Y N

Signature of consent:

If in the future if you would like to withdraw this consent please write to Carolyn Howell, Chief Executive, Solo Housing, 12a St Nicholas St, Diss, Norfolk IP22 4LB and we will withdraw any photographs of you that would be considered for literature produced after the receipt date of your notification.

Carolyn Howell - CEO

