



# Resettlement Service

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For office use only: File No.  Allocated to:

## APPLICATION FORM

To be completed by applicant and referring worker if you have one. When completed please return to the above address.

Tick this box to agree to N.I. number being passed on

**PERSONAL DETAILS** N.I No.

Name: .....

Present Address: .....

Telephone No.  Date of Birth  Age  Sex : M/F

**Dependents:** Do you have children who live with you? YES / NO  
Will other family members be staying with you when you move? YES / NO If so, who?

### REFERRING WORKER/AGENCY

Name: ..... Position: .....  
Agency: ..... Telephone: .....  
email address .....

Can you describe what kind of support (frequency and location) you or your project offer the applicant.  
Before move .....  
After move.....  
How long have you known the applicant? .....

### YOUR SUPPORT NEEDS

- |  |  |   |
|--|--|---|
| Budgeting <input type="checkbox"/>   | Applying for grants <input type="checkbox"/>           | Emotional Support <input type="checkbox"/>        |
| Obtaining Furniture <input type="checkbox"/>                                 | Education/training/employment <input type="checkbox"/> | Completing claim forms <input type="checkbox"/>   |
| Parenting Issues <input type="checkbox"/>                                    | Difficulties Coping <input type="checkbox"/>           | Maintaining your tenancy <input type="checkbox"/> |
| Mental Health Difficulties (eg anxiety, depression) <input type="checkbox"/> | Alcohol/substance misuse <input type="checkbox"/>      |   |

Please use the space below to tell us about any other areas of support you wish to receive:  
.....  
.....  
.....

Would you prefer to work with...

*please tick a box:-*

A female worker?

A male worker?

No preference

*HLG will try to meet your wishes, but this may depend on the availability of our staff).*

<b>PRESENT ACCOMODATION</b>		<i>(Please tick)</i>	
Lodgings	<input type="checkbox"/>	Private Tenant	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Staying with friends/relatives	<input type="checkbox"/>	Housing Association tenant	<input type="checkbox"/>
Living with parent/guardian	<input type="checkbox"/>	City Council tenant	<input type="checkbox"/>

Other, please describe.....

How long have you lived at this address?.....

Do you have to leave this accommodation? YES/NO

If yes, when do you have to leave?.....

Why do you have to leave?.....

<b>PREVIOUS ACCOMODATION</b>		eg. Hostels, lodgings etc – over the past two years.	
ADDRESS	TYPE OF ACCOMODATION	DATES: from-to	REASON FOR LEAVING
LAST ADDRESS			
BEFORE THAT			
BEFORE THAT			

Have you had a tenancy before?  Yes  No (please tick)

Who with?.....

What Happened?.....

Have you been offered a tenancy?  Yes  No (please tick) When does it start?.....

Who with?.....

**Aftercare**

The Resettlement Team can provide a specialised service to 16 – 21 year olds who qualify for ‘aftercare’ from Social Services. Therefore, if you are a 16 – 21 year old, the following information would be helpful to us:

Have you been ‘Looked After’ by Social Services at any time after your 16<sup>th</sup> birthday? (for example, accommodated in a children’s home, community home, foster care, accommodation paid for by Social Services, or subject to a Care Order)? YES/NO

Do you qualify for advice and assistance from Social Services under Section 24 of the Children Act or Leaving Care Act 2001? YES/NO/Do Not Know

**CURRENT SUPPORT**

Do you have any special needs which we need to prepare for when we meet, such as an interpreter, wheelchair access etc? Please give details. If you require an interpreter please specify language(s):

.....

Are you receiving support from:

G.P.	<input type="checkbox"/>	Probation officer	<input type="checkbox"/>	Others, please say who	<input type="checkbox"/>
Drug & alcohol Team	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>	.....	

**RISK ASSESSMENT (for referring workers)**

The nature of the support we provide can involve a lot of home visits. In order to help our planning we will undertake a risk assessment during initial stages of contact.

Have you undertaken a risk assessment with the person you have referred? YES/NO

If yes, please attach a copy.

**If no, are there any concerns/risks that you think we should know about? Please attach a supporting letter if necessary. You should include any offences or outstanding charges of a violent or sexual nature.**

**Note: Prior to the initial meeting we may contact the referring worker in order to prepare for this meeting, or we may contact the referring worker after the initial assessment. If you are in agreement with information about you being shared with the referring worker please sign below.**

SIGNED: (Applicant).....Date.....

SIGNED: (Referring Worker).....Date.....

**The Resettlement Team is committed to working in a way which challenges the discrimination faced by disadvantaged groups in relation to sustaining suitable accommodation. We welcome applications from all sections of the community and will endeavour to ensure individual needs are met in accordance with HLG's equal Opportunities Policy and the Team's funding remit.**

**MONITORING FORM** To be completed by the applicant only

The questions in the following section are to help us to make sure that our policies are working. Some of this information will be entered onto a Database but any information you give us in this section will be treated in the strictest confidence.

Have you been accepted as required services under the following statutory frameworks

Yes	No	Don't know	(respond to each question)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care Management (Social Services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care Programme Approach (CPA)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Probation Service or Youth Offending Team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statutory homeless and owed a main homeless duty
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Intervention Programme (DIP)

Have you been assessed as a higher risk under the following (please respond to each question)

Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care Programme Approach (Enhanced)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multi Agency Public Protection Programme

Would you describe yourself as any of the following? – Please tick where appropriate:

**Ethnic Monitoring. What is your ethnic group?** Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

<p><b>A. White</b></p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other white background, please write in .....</p>	<p><b>B. Mixed</b></p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background, please write in .....</p>	<p><b>C. Asian or Asian British</b></p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian Background please write in .....</p>
<p><b>D. Black or Black British</b></p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black Background, please write in .....</p>	<p><b>E. Chinese or other ethnic group</b></p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> any other, please write in .....</p>	<p><input type="checkbox"/> <b>Prefer not to say</b></p>

**Sexuality Monitoring** – Would you describe yourself as any of the following? – please tick the appropriate box:

Bisexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

**Disability Monitoring** – would you describe yourself as any of the following? - please tick the appropriate box(es):

Disabled	<input type="checkbox"/>	Registered disabled	<input type="checkbox"/>	Not disabled	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>				

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