

Appendix 1

Strand Foyer Application Form

Reference Number: _____

If you need help to complete this form –please speak to a member of staff at the Foyer.

PERSONAL DETAILS

Full Name:		Telephone Number:	
Address:		Email:	
Age & Date of Birth:		N.I. Number:	

NEXT OF KIN / EMERGENCY CONTACT

Full Name:		Telephone Number:	
Address:		Relationship:	

REFERRAL DETAILS

Self-referral?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If no, please give details of referral agency –		
Agency:		
Staff Member:		Telephone Number:
Address:		Email:

Housing

What is your current housing situation? (Please tick)			
Family home	<input type="checkbox"/>	Housing Association Accommodation	<input type="checkbox"/>
Supported Accommodation	<input type="checkbox"/>	Housing Executive Accommodation	<input type="checkbox"/>
Staying with a friend	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please give details:			
How long have you lived at this address:			
Why do you need to leave your current accommodation?			
When do you need to leave your current accommodation?			
Previous Address - If you have lived at your current address for less than 1 year, please provide details of your last settled address.			

Address:	
Dates:	
From:	
To:	

Type of Accommodation (please tick)			
Family home	<input type="checkbox"/>	Housing Association Accommodation	<input type="checkbox"/>
Supported Accommodation	<input type="checkbox"/>	Housing Executive Accommodation	<input type="checkbox"/>
Staying with a friend	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please give details:			
Reason for leaving:			
Do you receive Housing benefit for your current address?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

INCOME

Are you in paid employment?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes -					
How much do you get paid?	£				
	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly
Are you in receipt of benefits or any other income?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, tick all boxes that apply					
Universal Credit	<input type="checkbox"/>	Personal Independence Payment	<input type="checkbox"/>		
Job Seekers Allowance	<input type="checkbox"/>	Employment Support Allowance	<input type="checkbox"/>		
Income Support	<input type="checkbox"/>	Educational Maintenance Allowance	<input type="checkbox"/>		
Student loan/grant	<input type="checkbox"/>	Other	<input type="checkbox"/>		
If other, please specify:					
Name of Benefit/Income	Amount		Weekly/fortnightly/Monthly		
	£				
	£				
	£				
	£				

EMPLOYMENT AND TRAINING

Please tell us what you are doing at present			
Tick all boxes that apply to you			
I am in full time education	<input type="checkbox"/>	I am in part time education	<input type="checkbox"/>
I am in full time employment	<input type="checkbox"/>	I am unemployed	<input type="checkbox"/>
I am in part time employment	<input type="checkbox"/>	I am not working due to illness	<input type="checkbox"/>
If other, please specify:			

CRIMINAL CONVICTIONS / OFFENDING

Have you ever been -				
In trouble with the police	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In Prison	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On Probation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered yes to any of the above, please give details below -				
Offences/ Charges	Age when offence committed	Outcome Custodial, suspended sentence, Probation, etc.	Duration of prison, probation, community service. Sentence Served	

HEALTH

Are you registered with a doctor?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please give details of any current health problems:			

PROFESSIONAL SUPPORT

Please give details of any professionals / agencies you are involved with -	
CPN:	
Social Worker:	
Probation Officer:	
Other, please give details:	

ADDITIONAL INFORMATION

Please provide any further information relevant to your application

REFERENCES

Please provide the names and contact details of 2 referees who have known you, in a professional or supportive capacity, within the last two years.

These could be a tutor, teacher, support worker, youth worker, social worker, probation officer or other professional.

Family members or friends cannot be used.

Referee 1		Referee 2	
Name:		Name:	
Address:		Address:	
Telephone number:		Telephone Number:	
Email:		Email:	
Relationship:		Relationship:	
Are you related to any member of staff employed by The Strand Foyer or Apex Housing Association?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:			
I declare that all information given in this form is true to the best of my knowledge.			
Signature:		Date:	

Please forward completed form to:

The Strand Foyer

79 Strand Road

Derry – Londonderry

BT48 7BW

FOR OFFICE USE ONLY

Date Application received:	
Passed to Foyer Officer:	
References requested:	
Assessment arranged:	
Assessment completed:	
Offer made:	
Move in date:	