



Chace Centre – Direct Access Hostel
Chace Avenue, Willenhall,
Coventry CV3 3AB
Tel: 024 7630 2694
Fax: 024 7663 9814

Application for accommodation

The Chace Centre Hostel is as defined in the Housing Act 1988, being excluded from the provisions of the Protection from Eviction Act 1977

Data Protection Act 1998

The information required in this application for accommodation is used for the purpose of establishing and managing your licence to occupy a room at the Chace Centre. The information will not be divulged to any other person or organisation except in accordance with the exceptions prescribed in the Data Protection Act 1998.

Whitefriars Housing Group is the Data controller. It is the Licensees responsibility to keep Whitefriars Housing Group informed of any change of details

Each applicant will be considered without regard to age, sex, and colour, ethnic or national origin, or because of disability, religion, sexuality or marital status

Please fill in as much details as possible, failure to do so may result in you being refused accommodation. If you are refused, you have the right of appeal.

Reason for Applying

Why are you are applying for accommodation at the Chace centre?

Address History

Have you ever rented a Whitefriars Housing Group property?

Yes

No

If yes,
please give details:

Do you own a property or have a mortgage:

Yes

No

If yes,
please give details:

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List of Previous Addresses in the Last 5 Years

1. Last Address:

Were you the tenant:

Yes

No

If yes, have you terminated the tenancy?

Yes

No

Date:

From:

To:

Landlord name & phone no:

Reason for leaving:

2. Address:

Date:

From:

To:

Landlord name & phone no:

Reason for leaving:

3. Address:

Date:

From:

To:

Landlord name & phone no:

Reason for leaving:

4. Address

Date:

From:

To:

Landlord name & phone no:

Reason for leaving:

5. Address:

Date:

From:

To:

Landlord name & phone no:

Reason for leaving:

6. Address:

Date:

From:

To:

Landlord name & phone no:

Reason for leaving:

Details of Doctor / GP

Name:

Address:

Tel. No:

Medication Taken:

Emergency contact details

Name

Relationship

Address

Telephone

Medical & NOK details will only be passed to emergency & medical services in the event of an emergency. If you agree to us passing information to them please tick the box

Residency Status

How long have you
been in the UK?

Date of entry:

Have you applied for authorisation
to work in the UK?

Yes

No

Date of application:

Have you gained authorisation to work in the UK?

Yes

No

Registration No. (copy of card/certificate):

Copy of card/certificate photocopied:

Yes

No

Paid Employment

Are you, or have you been in paid
employment since arriving in the UK?

Yes

No

If yes, please give the name & address of your employer below:

Name:

Address:

Pay before any stoppages:

£

weekly / monthly

Car Details

Make:

Model:

Registration:

Colour:

Details of Income (Proof will be required)

Does the applicant have recourse to public funds Yes No

If yes, please tick the relevant boxes below:

Job Seekers Allowance Incapacity Benefit

Employment Support Allowance Income Support

Disability Living Allowance Retirement Pension

Other (please specify):

How much do you receive?: £ weekly / fortnightly

Date of your next wage / benefit payment:

Previous Convictions

Please tick as appropriate:

Homicide Manslaughter Deception

Fraud/Forgery Breach Theft

Sexual Arson Robbery

Driving Assault Drug possession

Drug supply Criminal damage Other

Have you been in Prison? Yes No

Details of any current offences:

Assessment

Have you been treated for, or diagnosed with any form of mental health issue?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you self harmed? Do you have any current thoughts of self harm?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you misuse alcohol, prescribed medication and/or any other drugs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Suffered from recent significant life events? (bereavement, relationship breakdown etc)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any physical illness/disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Risk related memory problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Known personal triggers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes to any of the above, please give details below:

Name & contact details (where relevant)

Carer(s)	<input type="checkbox"/>	<input type="text"/>
Psychiatrist/CPN	<input type="checkbox"/>	<input type="text"/>
Probation Officer	<input type="checkbox"/>	<input type="text"/>
Social Worker	<input type="checkbox"/>	<input type="text"/>
Support Worker(s)	<input type="checkbox"/>	<input type="text"/>
Support Worker(s)	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

Whitefriars Independent Living Team – Fire Evacuation Assessment

Name:

Address:

This fire evacuation assessment **MUST** be completed. The assessment aims to provide essential information in the event of a fire to the fire service to identify residents that are unable to evacuate their room due to physical disabilities

Do you consider yourself to have a Physical disability or sensory impairment?

Yes

No

If yes, please give details below:

Would this disability affect you in any of the following (tick all that apply)?

Hearing the fire alarm

Walking to the evacuation point

Smelling/seeing smoke or fire

Using the stairs

Raising the alarm

Manoeuvring in poor light

Getting out of bed

Closing your door

If any of the above statements are ticked, then please advise the resident of the correct fire procedure. Residents that have difficulty in any of the above areas **MUST** in the event of a fire, remain in their room, with the door closed until help arrives

Signed resident:

Signed SO:

Date:

(Cc to Phil Stanley (ESM) – highlight res category dark yellow ‘fire room evacuation’)

All details I have provided are correct. I understand that if I have provided false information the application will be cancelled, and if I have signed for accommodation I may be evicted

I agree to have my photograph taken for use on a meal card.

Service users signature:

Date:

Please fax completed form to Chace Centre on 02476 639814

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sources of information used for risk assessment (please tick below)

Direct from service user

From other professional

Other

Is this person on the secure list? Yes No

If yes, please give details:

Is the person Restricted Access (OHMS)? Yes No

If yes, please give details (i.e. risk indicator stated):

Does the person have rent arrears (OHMS)? Yes No

If yes, please give details (i.e. former debt):

Date of next benefit payment entered onto Ohms? Yes No

Does the person have a car? Yes No

Have the car details been put onto Tasks? Yes No

Checked By:

Date:

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From the information gained from this process, the client could be considered to be the following risk (please circle as appropriate):

High

Medium

Low

Please circle as appropriate, if the service user has been 'approved' or 'refused' accommodation at the Chace Centre:

Approved

Refused

Please note, if the client has been refused, please state below the reason for the refusal:

Date email sent to CCC re refusal:

Whitefriars employee (print name):

Date:

Time decision given: