



11. Please give details of your previous address (if different to your current address) / Landlord details / HB claim

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12. Do you have contact with your family?

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.....

13. Do you, or have you ever had any of the following? Yes  No  (Please tick)

- Probation     Connexions Worker     Bail     Care Order     Social Worker  
 CPN     Leaving Care Worker     Parole Licence     Other

If Yes, please give name and address?

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14. Do you have any history of the following?

(Please tick and give details if appropriate, using additional sheets if necessary)

- |   |  |
|---|--|
| <input type="checkbox"/> Violent Behaviour        |  |
| <input type="checkbox"/> Gambling                 |  |
| <input type="checkbox"/> Heavy Drinking           |  |
| <input type="checkbox"/> Drugs/alcohol use        |  |
| <input type="checkbox"/> Arson                    |  |
| <input type="checkbox"/> Fire Setting             |  |
| <input type="checkbox"/> Self Harm                |  |
| <input type="checkbox"/> Mental Health            |  |
| <input type="checkbox"/> Sex offending            |  |
| <input type="checkbox"/> Misuse of Medication     |  |
| <input type="checkbox"/> Violence towards staff   |  |
| <input type="checkbox"/> Any history of offending |  |
| <input type="checkbox"/> None of the above        |  |





23. Why are you interested in living at the Foyer?

(Please read the Foyer prospectus before completing this section. This is your opportunity to tell us why you think the Foyer is the right place for you)

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24. Please add any further information not asked on this form about yourself that will help the Foyer make a decision about if it is the right place for you.

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### Data Protection Statement

The information that you provide on this form and that is obtained from other relevant sources is covered by the provisions of the Data Protection Act (1998) and will be used to process the application.

By signing this application form you have agreed to the processing of sensitive personal data, in accordance with our registration with the Data Protection Commissioner.

I have read and understand the above.

Signed  Date

### Declaration - TO BE COMPLETED BY THE APPLICANT ONLY

I declare that all the information I have given on this form is true to the best of my knowledge and I undertake to notify you of any change in my circumstances.

If any section of this form is left blank, it may be returned to you.

I understand that the information provided on this application form may be passed on to other housing providers.

Signed  Date

## References

Please provide details of two referees from separate places, who will support your application. This section must be completed for the application to be processed. References cannot be accepted from family members.

These may include, school, training/college tutors, employer, previous landlord/housing provider or a member of any agency/organisation that the applicant has had contact with for more than 6 months. Please note that references may not be accepted from the referring organisation if they have not known the applicant for a minimum of 6 months.

Full name of referee

Job title / organisation

Relationship to you

Present address

  

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Telephone number

Full name of referee

Job title / organisation

Relationship to you

Present address

  

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Telephone number

## Disclosure

I consent to the Foyer having access to information about me from other agencies in order to further my application for a place at the Foyer. I understand this information will not be shared with a 3rd party and will be for the sole use of the Foyer.

Signed

Date

Name

Please return this form to the address on page 1

The Foyer aims to provide accommodation for young people whatever their background. All applicants will be considered irrespective of Ethnic origin, gender, sexual orientation, religion, and disability.

To ensure that The Foyer is open to young people from all backgrounds, we ask all applicants to complete this form. The applicant is not obliged to answer any of the following questions:

**How would you describe your ethnic origin?** (Please tick)

- |  |  |
|--|--|
| <input type="checkbox"/> White - British               | <input type="checkbox"/> White - Irish                             |
| <input type="checkbox"/> White - Other                 | <input type="checkbox"/> Mixed - White & Black Caribbean           |
| <input type="checkbox"/> Mixed - White & Black African | <input type="checkbox"/> Mixed - Other                             |
| <input type="checkbox"/> Asian British                 | <input type="checkbox"/> Indian                                    |
| <input type="checkbox"/> Pakistani                     | <input type="checkbox"/> Bangladeshi                               |
| <input type="checkbox"/> Black British                 | <input type="checkbox"/> Black Caribbean                           |
| <input type="checkbox"/> Black African                 | <input type="checkbox"/> Black Other                               |
| <input type="checkbox"/> Chinese                       | <input type="checkbox"/> Other (Please state) <input type="text"/> |
| <input type="checkbox"/> Not disclosed                 |  |

**Sexual Orientation** (Please tick)

- |  |  |
|--|--|
| <input type="checkbox"/> Lesbian       | <input type="checkbox"/> Gay                                       |
| <input type="checkbox"/> Heterosexual  | <input type="checkbox"/> Other (Please state) <input type="text"/> |
| <input type="checkbox"/> Not disclosed |  |

**Disability**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you consider yourself to have a disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use a wheelchair?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Religion** (Please tick)

- |  |  |
|--|--|
| <input type="checkbox"/> Christian     | <input type="checkbox"/> Muslim                                    |
| <input type="checkbox"/> Hindu         | <input type="checkbox"/> Jewish                                    |
| <input type="checkbox"/> Sikh          | <input type="checkbox"/> Buddhist                                  |
| <input type="checkbox"/> None          | <input type="checkbox"/> Other (Please state) <input type="text"/> |
| <input type="checkbox"/> Not disclosed |  |



Awarded for excellence



INVESTOR IN PEOPLE

اگر آپ کو اس معلومات کا ترجمہ چاہیے تو براہ کرم اپنے مقامی آفس سے رابطہ کریں