



Application Form for Care & Support

Strictly in Confidence

NCHA Care and Support
12-14 Pelham Road
Nottingham NG5 1AP

Tel 0800 013 8555
Fax 0115 954 1372

How to complete this application form

- This application form can be filled out by either yourself or a person on your behalf. Please ensure that the form is signed at the end.
- Please complete in full. If a question does not apply, please write 'not applicable' or N/A. Do not leave it blank.
- If you prefer to complete the version with signs and symbols please request a form from us.
- Please note that if you give information designed to mislead it could mean that you may lose any accommodation or support services offered to you.
- For more information on our Allocation Policy please request the 'NCHA Care and Support Allocation Policy' from the address on the front.
- Everything you write on this form will be treated confidentially within Nottingham Community Housing Association. No information on this application form will be revealed to a third party without your permission.

Where to send the completed application form

There are several places you can return this application form to:

- The person who gave you the form;
OR
- The place where you want to live (if applying for accommodation);
OR
- The office address on the front of this form.

What happens when we receive your form?

When we receive your form we will read through the information and then contact you to discuss your needs.

We may need to ask for more information before a decision can be made.

Do you need help with the form?

If you require translation services, the assistance of an advocate or any other assistance, please contact the office at the address / phone number on the front cover.

Complaints

If you feel that your application has been dealt with unfairly or in a discriminatory manner you have the right to complain.

To complain please contact the office address on the front cover or use our website www.ncha.org.uk

The procedure for dealing with complaints is explained in our booklet 'Complaints Procedure'.

Section 1 - Support

1. Your details

First applicant _____

Are you known by any other name? _____

What do you prefer to be called? _____

Date of birth D D M M Y Y Y Y
 | | | | | | | |
 | | | | | | | |

Male/Female Please ✓
 M | | F | |

National Insurance number _____

Second applicant _____

Are you known by any other name? _____

What do you prefer to be called? _____

Date of birth D D M M Y Y Y Y
 | | | | | | | |
 | | | | | | | |

Male/Female Please ✓
 M | | F | |

National Insurance number _____

Current address _____

Postcode _____

Where do you live now? Please ✓
below

Family Home Own Tenancy Friends Care Home Hostel

Other _____

Your telephone number _____

Other contact number _____

2. About my needs

Why I need care or support:

Tick all that apply

- I have a Learning Disability
- I have Mental Health needs
- I have Dementia
- I am homeless/or at risk of becoming homeless
- I am over 60 with support needs
- I have a physical disability
- I am experiencing, or have experienced, domestic abuse
- I am under 25 with support needs

What I need care or support with:

I already have accommodation and need carers to come to my home to provide practical support to enable me to remain in my own home. This can include help with personal care, domestic tasks, shopping etc.

I am over 60 (or over 55 and have a disability) and need accommodation designed to meet my needs. I am able to live independently but would benefit from a secure environment, with a scheme manager and a 24hour emergency alarm service.

I need to move to a home where there are on-site care staff 24/7 who provide personal care - help with washing, dressing and giving medication.

I have my own home and I have a personal budget. I need support ranging from 2 hours per week up to 24/7.

I have a personal budget and need accommodation with support ranging from 2 hours per week up to 24/7.

I have housing related support needs and I need accommodation that comes with support from support staff. Some of these services are time limited.

I have my own home and have housing related support needs and I need staff to come to my home to help me. This is a time limited service.

3. Do you have support from another agency ?

Please ✓

e.g. Probation Worker, Counsellor, Social Worker, CPN, other.

Yes	No

If you do, please give their name(s) and contact address(es).
We will contact them for more information.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Support from NCHA

If you want to move into supported housing, sheltered housing or a care home, what area / city / county do you want to live in?
(please be aware that we don't provide all services in all areas)

Please tell us about your needs:

Please let us know how staff can help you:

Do you require support to protect yourself from everyday dangers or from other people?

Do your support needs mean that you could be a risk to others?

5. Relationship to Staff and Committee

Nottingham Community Housing Association is forbidden by law to grant benefits to its employees, Committee members or their relatives. In order to assist us in complying with the law, please provide the following information:

Are you an employee of the Association or member of the Association's Committee, or a relative of an employee or member?

Please ✓ **either** Yes No

If yes, please state who and what relationship:

6. Equal opportunities monitoring - ethnic origin

Please note:

- It is not compulsory to provide this information.
- Information given in this section, will not be part of the assessment, and will not affect the outcome of the application.

Part 1

Please ✓

Asian	
Caribbean	
African	
South-East Asian	
British/European	
Irish	
Other	
Combined of above groups	

Part 2

Please ✓

Black	
White	
Other	
Mixed	
Question refused	

We welcome applications from people regardless of their racial, ethnic or national origin, sex, disability, sexuality, age or responsibility for dependants.

If you are applying for support in your own home, go to Section 3.

If you are applying for housing with NCHA, go to Section 2.

Section 2 - Housing

Please complete this section if you are applying for housing with NCHA.

Do not complete this section if you are applying for Home Care or Floating Support.

The information provided here does not affect your eligibility for support.

a. Previous addresses

Where have you lived in the last 3 years?

(Continue on a separate sheet if necessary)

	From:	
	To:	
	Reason for leaving:	
Post code		

	From:	
	To:	
	Reason for leaving:	
Post code		

	From:	
	To:	
	Reason for leaving:	
Post code		

	From:	
	To:	
	Reason for leaving:	
Post code		

b. Housing history

Have you lived in an NCHA property or been supported by NCHA before?

Please ✓ YES NO

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If yes, please give details:

What were the dates that you lived there/were supported ?

Date moved in

D	D	M	M	Y	Y

Date moved out

D	D	M	M	Y	Y

Why did you leave?

Have any of your previous landlords served you with any of the following documents:

Notice Seeking Possession? Yes No

Notice Requiring Possession? Yes No

Notice Terminating Licence to Occupy? Yes No

Please give details: _____

Have you ever had an Anti-Social Behaviour Order or Injunction taken out against you?

Please give details: _____

c. Arrears

Do you owe your current landlord or any previous landlord any rent? Yes No

If yes, please provide details of the landlord you owe rent to, how much you owe and details of any payment plans in place:

d. Income

We need this information to help us provide you with the correct advice about how to pay your rent.

Are you in receipt of DWP Benefits? Yes No

Please give details: _____

If you are not in receipt of DWP benefits how do you support your day to day needs?

Have you made an application for DWP Benefits?

Yes

No

What date did you apply? _____

Please give details: _____

Have you ever been prevented from claiming benefits?

Yes

No

e. Pets

If you have pets, please provide details _____

f. Right To Rent

We need to complete a Right to Rent check for services over 2 years. These checks apply to anyone over 18 in the household. You must provide original ID documents which will be copied and held with your application.

You will need to provide a Valid UK passport or **2** from the list below:

- UK birth or adoption certificate
- Full or Provisional UK Driving Licence
- Letter from a UK government Department – dated within last 3 months
- Evidence of current or previous service in Armed Forces
- Benefits Paperwork – dated within last 3 months
- Disclosure & Barring Service Paperwork – dated within last 3 months

g. Convictions

Note: You do not have to tell us about convictions which are legally spent (that is, a certain amount of time has passed since you were convicted) or if you have been rehabilitated under the Rehabilitation of Offenders Act 1974.

Please give details below of any criminal convictions you have had:

Date of conviction	Reason for Conviction	Sentence Received

All applicants must now complete Section 3.

Privacy Notice

Nottingham Community Housing Association
Care and Support
12-14 Pelham Road
Sherwood Rise
Nottingham
NG5 1AP

This notice will explain what personal information we collect from you and how we will collect it. The full description of how and why we do this can be found below.

What information do we collect and why do we collect it?

We collect information about you when we are asked to provide care and support services to you or as part of your ongoing care and support. This includes your personal characteristics and other sensitive information that is essential for the services we provide. We also collect information when you complete customer surveys or provide feedback.

How will we collect this information?

All information will be collected from you either personally or from information given to us when you enter into an agreement or contract with us. We will also collect information as part of your ongoing care and support, including support plan updates, reviews, from application forms and other customer feedback.

Any information given about you as part of a referral from another organisation, Member of Parliament or Councillor will normally be done with your consent and knowledge of why they are making a referral for our services.

How will we use it?

We use this information to make decisions about your personal care and support needs. This helps us to work with you to agree what you need and make sure that our services are safe and effective. We will also use the information to work with others who are involved in providing your

care and support. Your information will be used for repairs and maintenance services where we are responsible for your home.

Who will we share it with?

We will not disclose any information that you provide 'in confidence' to anyone else without your permission. However, we may be required to disclose your information by law, or where we have good reason to believe that failing to share the information would put someone at risk. On occasions we will provide information to other organisations that we work with on specific projects or to deliver services. This is done under strict agreements regarding the security and confidentiality of all personal information.

Access to your information and correction

You have the right to view any information the organisation holds about you. We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate.

Who and how to contact us

Please contact us if you have any questions in relation with this notice or the information we hold about you:

By email: data.protection@ncha.org.uk

By phone: 0800 561 0074

By post: Data Protection Officer
Unit 2 Clumber Court
Pelham Avenue
Nottingham
NG5 1AJ

It is NCHA's expectation that as far as practically possible all applicants should sign or make their mark on this application form. This section is compulsory.

I confirm the information entered on this form is accurate and that I have read and understood the Privacy Notice above.

Applicant Signature _____ Date _____

Where the person filling out the application form is not the applicant themselves, please sign and complete below.

Name _____

Signed _____ Date _____

Position/Relationship _____

Employing Authority / Agency _____

Address: _____

Telephone No.: _____

Fax no.: _____
