

**APPLICATION FOR PARKSIDE YOUNG WOMEN’S SCHEME**

Parkside offers supported group living accommodation for vulnerable young women, between the ages of 18 - 30 years, who may have a young child. The home is supported by a Housing Management Officer between the hours of 8.30am to 4.30pm, Monday to Friday.

The scheme aims to provide young women with a stable living environment whilst they begin the process of rebuilding their lives and to support them to secure independent accommodation.

This form can be completed by you or with the help of someone who knows you and your support needs e.g. your Social Worker or Key Worker. However, it is important that you read the form carefully and sign the declaration at the end.

We will also need any available supporting information such as a Risk Assessment, Social Care Assessment or Support Plan.

**Please note that:**

* **We cannot process applications without a signature from the applicant.**
* **The application may not be considered if any areas of the form have not been completed**

**ABOUT ME**

Full Name DOB: Age:

Are you a UK or EEA Citizen? Yes  No

**(If no, staff must complete the additional checks before a decision for accommodation can be made)**

Current Address:

Tel:

Correspondence Address (If different)

Tel:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NI Number: |  |  |  |  |  |  |  |  |  |

Main Language:

Any Cultural or Religious Needs:

Any Communication Needs:

Preferred Communication Method:

**ABOUT MY SUPPORT NETWORK**

**Yes No**

Do you have support from a health/social care professional e.g. Social Worker,   midwife etc.? If so, please give name, address and contact details.

Name:

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| --- |
| Address: |
| Telephone: |
| Email: |

Are you homeless / at risk of homelessness?  **Yes No**

Why do you need to move?

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**Yes No**

Do you have a live housing application?

If yes: Band:

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| --- |
| Housing Application Number |

**Yes No**

Do you have a GP?

If so, please give name, address and contact details.

Name:

|  |
| --- |
| Address: |
|  |
| Telephone: |

**Yes No**

Do you have support from anyone else?

E.g. friends, family, voluntary sector service, advocate.

If so, please give name, address and contact details.

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**MY HEALTH AND WELLBEING**

**Physical Health. Please Tick Box**

**Which Applies to You**

1. Physical health is very poor
2. Some physical health problems requiring treatment
3. Physically fit and well.

Please give details of any physical health issues including any medication taken:

**Mental Health Please Tick Box**

**Which Applies to You**

1. Mental health causes concern everyday
2. Mental health causes concern most days
3. Mental health causes concern some of the time
4. Cope quite well with mental health most of the time
5. Feel that mental health is quite stable

Please give details of your mental health issues and the impact on your daily life.

**Substance Misuse Yes No**

Have you ever used illegal substances?

If yes please describe.

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**Yes No**

Do you feel you have an issue with alcohol?

If yes please describe.

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Are you currently receiving or have received support for drug or alcohol use? **Yes No**

If yes, please describe.

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Have you been convicted of a criminal offence or are you subject to a current police investigation or are working with the probation service?

If yes please give details? **Yes No**

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**FINANCIAL SITUATION** **Yes No**

Are you receiving or entitled to Housing Benefit / ESA?

Do you receive DLA or PIP?

Do you receive Universal Credit?

Do you currently manage your own finances?

Comments/Issues:

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**RISK FACTORS**

Please note that if applicable, we will need a copy of a recent (last six months) risk assessment before we can process your application.

Please answer the following questions in as much detail as possible:

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Do you feel your behaviour has ever put others at risk? e.g. verbal or physical aggression.

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Do you feel your behaviour has ever put you at risk? e.g. self-neglect or impulsive behaviour.

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Have you ever been a victim of domestic violence? **Yes**  **No**

If yes, please describe

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How do you feel Norton Housing and Support can help you?

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**ACCESS TO DEPENDENTS**

**Yes No**

Do you have any dependents?

Do you have access to any dependents?

Are you pregnant?

Is there any Child Protection Order, or risk concerns in this area?

If you have answered yes to any of the above, please provide additional information

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Form completed by:

|  |
| --- |
| Print Name: |

If not the applicant, please give contact details.

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**How We Use Your Information**

The information on this form has been collected by Norton Housing and Support Ltd of 107 Newport Street, Leicester, and will be used in accordance with the relevant data protection legislation. In particular, it will be treated in the strictest confidence and processed lawfully and fairly to ensure that your housing and/or support needs are identified .For more details on how we use your information, please see our Applicant’s Privacy Notice, which is available on our website [www.nortonhousingandsupport.org.uk](http://www.nortonhousingandsupport.org.uk)

**Applicant’s Declaration**

**As part of our Application process, the information given above may be discussed with the third parties named on the application form (your GP, Midwife, Social Worker etc)**

**PLEASE SIGN BELOW TO CONFIRM YOU WISH TO BE REFERRED TO OUR SERVICES AND AGREE TO NORTON HOUSING AND SUPPORT CONTACTING YOUR GP, MIDWIFE OR ANYONE ELSE DETAILED ON THIS FORM FOR ADDITIONAL INFORMATION.**

Signed ……………………………………………… Date ………………………………….……...………

Please return your application along with the Equality and Diversity Monitoring Form to:

**Norton Housing and Support, 107 Newport Street, Leicester, LE3 9FU.**

Or email a scanned, signed version to [info@nortonhousingandsupport.org.uk](mailto:info@nortonhousingandsupport.org.uk)

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**PARKSIDE SERVICE**

**Equality and Diversity Monitoring**

Norton Housing and Support strive for high standards, both as employers and as providers of services. In so doing, we recognise the need to encourage diversity and wholeheartedly support a policy of equal opportunities in all areas of our work and responsibilities.

The purpose of this form is to help us monitor how well we are doing in attracting people from as wide a range of backgrounds as possible. The information will remain confidential and will only be used for statistical purposes.

As a result of this monitoring, we may find we need to make changes to the way in which we operate or the services we offer.

Please complete the form as fully as you feel able. However, if you do not want to answer a particular question, please tick this option.

***Thank you.***

**please select appropriate boxes**

**AGE:**

18-21

22-25

26-29

30+

**RELIGION / BELIEF:**

Atheist

Bahai

Christian

Hindu

Jain

Jewish

Muslim

Rastafarian

Sikh

Zoroastrian

No belief

Other, please state:

Rather not say

**ETHNIC ORIGIN / ETHNICITY:**

**Black / Black British:**

Black / Black British - Caribbean

Black / Black British - African

Black / Black British - Other – please state:

**Dual / Multiple / Mixed:**

Dual / Multiple / Mixed - African and White

Dual / Multiple / Mixed - Asian and White

Dual / Multiple / Mixed - Caribbean and White

Dual / Multiple / Mixed - Other – please state:

**White:**

White - British

White - Irish

White European

White - Other -please state:

**Chinese**

**Gypsy / Romany / Irish Traveller**

**Other, please state:**

**Rather not say**

**SEXUAL ORIENTATION:**

Bisexual

Heterosexual

Lesbian

Gay

Other, please state:

Rather not say

**DISABILITY:**

Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities.

**I consider myself to be:**

Disabled

Non-disabled

Rather not say