

**APPLICATION FOR WOMEN’S SCHEME**

Norton Housing and Support has two group living accommodation services for vulnerable young women, including those who are pregnant or have a young child. Support is provided Monday to Friday by an Intensive Housing Management Officer.

The scheme aims to provide 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.**
* **All Questions must be answered in full.**
* **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:

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

Main Language:

Any Cultural or Religious Needs:

Any Communication Needs:

Preferred Communication Method:

**Which of the following best describes how you heard about us?**

Through a family member or friend

Internet search

Social media

Adult or childrens social care

Voluntary or community sector

organisation

Leicester City Council

Another local authority

Other: Please state

……………………………………..

**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:

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

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

Why do you need to move?

|  |
| --- |
|  |
|  |

**Yes No**

Do you have a live housing application?

If yes: Band:

|  |
| --- |
| 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.

:

|  |
| --- |
| : |
|  |

**Yes No**

Do you feel you have an issue with alcohol?

If yes please describe.

:

|  |
| --- |
| : |
|  |

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

If yes, please describe.

|  |
| --- |
|  |
|  |

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?

Do you receive ESA?

Do you receive DLA or PIP?

Do you receive Universal Credit?

Do you currently manage your own finances?

Comments/Issues:

|  |
| --- |
|  |
|  |

**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:**

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

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |

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

If yes, please describe

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |

**ACCESS TO DEPENDENTS**

**Yes No**

Do you have any children?

Do you have access to any children?

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

(Due dates, dates of birth of any children)

|  |
| --- |
|  |
|  |

Form completed by:

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

If not the applicant, please give contact details.

|  |
| --- |
|  |
|  |

**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)

**A logo for a housing and support company

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**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.***

**Equality and Diversity Monitoring Form**

***(please tick appropriate box)***

**Sex and gender identity**

|  |  |
| --- | --- |
| Is the gender you identify with the same as your sex registered at birth? | |
| Yes |  |
| No |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| What is your sex? | |
| Female |  |
| Male |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| If the gender you identify with is not the same as your sex registered at birth, please write in the gender you identify as: |  |

**Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 18-30 |  | 31-40 |  | 41-50 |  |
| 51-60 |  | 60+ |  | Prefer not to say |  |

**Do you consider yourself to have a disability or health condition?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

|  |  |
| --- | --- |
| If you have answered yes, please indicate the type of impairment which applies to you. People may experience more than one type of impairment. | |
| **Mental health condition** such as schizophrenia, bipolar disorder or depression |  |
| **Physical impairment** such as mobility issues which may mean using a wheelchair or crutches. |  |
| **Sensory impairment** such as being blind/ having a visual impairment or deaf / hearing impairment. |  |
| **Learning disability** such as Down’s syndrome or dyslexia or **Cognitive impairment** such as autism or a head injury. |  |
| **Long standing illness or health condition** such as cancer, HIV, diabetes, chronic heart disease or epilepsy. |  |
| **Do not wish to say** |  |

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

|  |  |
| --- | --- |
| Black, African, Caribbean or Black British | |
| African |  |
| Caribbean |  |
| Prefer not to say |  |
| Any other Asian background, please write in: | |

|  |  |
| --- | --- |
| Asian or Asian British | |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Prefer not to say |  |
| Any other Asian background, please write in: | |

|  |  |
| --- | --- |
| Mixed or Multiple ethnic groups | |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Prefer not to say |  |
| Any other Mixed or Multiple ethnic background, please write in: | |

|  |  |
| --- | --- |
| White | |
| English |  |
| Welsh |  |
| Scottish |  |
| Northern Irish |  |
| Irish |  |
| British |  |
| Gypsy or Irish Traveller |  |
| Prefer not to say |  |
| Any other White background, please write in: | |

|  |  |
| --- | --- |
| Other ethnic group | |
| Arab |  |
| Prefer not to say |  |
| Any other ethnic group, please write in: | |

**What is your sexual orientation?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Gay |  | Lesbian |  | Bisexual |  |
| Asexual |  | Pansexual |  | Undecided |  | Prefer not to say |  |
| If you prefer to use your own identity, please write in: | | | | | | | |

**What is your religion or belief?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No religion or belief |  | Buddhist |  | If other religion or belief, please write in: |
| Christian |  | Hindu |  |
| Jewish |  | Muslim |  |
| Sikh |  | Prefer not to say |  |