

Application Form

Please note that this form is compliant with the GDPR. Information supplied in this document and associated documents will be treated in line with the Information Governance Policies & Confidentiality Policy SJMT has in place and will remain in a safe and confidential place within SJMT.

SJMT is committed to the fair treatment of the users of its services, regardless of race, gender, religion, sexuality, responsibilities for dependants, age, physical/mental disability or offending background.

SJMT is required to ask you for Right to Rent documentation in line with the government requirements, you will be asked to provide these if your application is accepted.

Please identify which location you are applying for *(you can mark more than one)*

- | | |
|---------------------------------------|--------------------------------------|
| Mason Court – Olton | Mason House - Shirley |
| Jubilee Court – Olton | Ruth Patrick House – Shirley |
| Mason Cottages – Erdington | Oak Tree House - Bournville |
| Church Gardens – Wolverhampton | Windsor Drive - Kidderminster |

Applicant's Details (Single applicant)

Mr / Mrs / Miss / Ms / Other:

First or Given Name

Last or Family Name:

Date of Birth:

Address where you are currently living (including postcode)

Usual Address (if different)

Contact Tel No(s)

Mobile

Landline

Email

National insurance No

Right To Rent

**Does the applicant have the Right to Rent within the UK?
Yes / No**

Applicant's Details (Couple application)

Mr / Mrs / Miss / Ms / Other:		
First or Given Names:		
Last or Family Names:		
Date of Birth:		
Date of Birth:		
Address where you are currently living (including postcode)		
Usual Address (if different)		
Contact Tel No(s)	Mobile	
	Landline	
Email		
National insurance No		
National insurance No		
Right To Rent	Does the applicants have the Right to Rent within the UK? Yes / No	

Reason for Application

Please include details of the applicant's current living circumstances.

Details of current medications

Please include details of any difficulties or problems being experienced in the taking of prescribed medication.

Medication Name	Usual Dosage	Any difficulties, problems or side effects?

Continue on separate sheet if necessary

Background Information/Social History (i.e. family support/local connections, bereavement and employment history)

Continue on separate sheet if necessary

Five Year Housing History

From	To	Type of accommodation (i.e. Owner/occupier/private or social Resident /living with family)	Reason for leaving

Current Support Network

GP Details	
Name:	
Tel No:	
Address:	
Social Worker	

Information on current CPA?	Yes		No	
Name:				
Tel No:				
Address:				
Next of Kin or Significant Other				
(1) Name:				
Tel No:				
Address:				
(2) Name:				
Tel No:				
Address:				
Any Other Agency Involved				
Name:				
Tel No:				
Address:				

Does the applicant (s) have any physical disability, accessibility and/or additional health needs?				
Yes			No	
<i>If yes, please give details:</i>				

Please describe any physical or other adaptations which may be required for access to this service (including any reasonable adjustments under the Disability Discrimination Act 1995)

SJMT expects that by signing this form you are declaring that all relevant information has been included in the above statements. You also confirm that you are happy for this information to be shared with us and that we can contact those people detailed in this referral for further information, if necessary, to support your application.

I/We understand that the information given in the application is a true reflection of my/ our circumstances. In the event of any details being found to be untrue or inaccurate, or if I have neglected to advise SJMT of any relevant information, my application may be cancelled or I may lose residency of my accommodation. I/we understand if a Letter of Appointment has commenced, SJMT reserves the right to assess whether I am appropriate to maintain my letter of appointment at my property.

Applicant's signature	
Signed:	Date:
Signed:	
Print Name	

Please complete our Equality Monitoring Form and return it together with this form.



Equality & Diversity Monitoring Form

SJMT is committed to the implementation of its Equality & Diversity Policy in all aspect of our work. Completion of this form will assist us to identify any minority needs which may help to improve the service we deliver.

As part of our monitoring process, all applicants are asked to complete this monitoring form and return it with the application form. The information will be kept in a database in accordance with the provisions of GDPR (which allows for sensitive personal data to be held where necessary to monitor organisations Equality & Diversity Policy). Access to information that identifies individuals will be strictly restricted and used only for implementation of equal opportunities policies.

Gender:	
Date of Birth:	

Please tick the boxes that you feel most comfortable with. If you do not feel any of the boxes are appropriate, please tick 'other' and describe in your own words. (✓)

Cultural Background:

White British Irish Other White	Black or Black British Caribbean African Other Black
Asian or Asian British Indian Pakistan Bangladeshi Other Asian	Mixed White and Black Caribbean White and Black African White and Asian Other Mixed
Chinese or Other Ethnic Group Chinese Any other	Undisclosed Do not wish to answer

Disability and Mental Health

Do you consider yourself to have a sensory, learning or physical disability?	Yes / No
Do you consider yourself to have a disability related to your mental health?	Yes / No

Religion and Belief

Buddhist Christian Hindu Sikh No Religious Belief
Jewish Muslim Other Do not wish to answer

Sexual Orientation

Bi sexual Gay Heterosexual Lesbian Do not wish to answer
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Consent To Process and Disclose Data

Name					
Address					
I understand that SJMT needs to process my personal data, including data concerning my health and welfare, to process my application for services and to provide these services to me.					
I understand that SJMT may be required to provide my personal data to the public body which commissions SJMT services.					
I confirm staff have discussed with me the circumstances when and the reasons why they may have to disclose personal data without my consent.					
By signing this form, I give consent for SJMT to use my personal data as explained in this form, and to share the following data with the following agencies/ individuals:					
Name	Agency / Relationship	Contact Number	Information to be shared	Detail of data to be shared	Date

Sign:				Date:	

This form will be reviewed with you every six months; however, you have the right to amend this form at any time. If you wish, you can see a copy of the data which we hold on you by contacting Head Office at Hillborough Road, Olton, B27 6PF.