

**Application for Accommodation and Support**

The information given in this form will be treated in the strictest confidence. If you have difficulty in completing the form the Tenant Support Workers will be pleased to help you.

<b>Applicants Details</b>			
Name			
Contact Address			
Postcode			
Contact Telephone Number			
Email Address			
National Insurance Number			
Age		Date of Birth	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
Disability	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please specify:			

<b>Ethnic Origin – Please choose one of the following:</b>			
White: British <input type="checkbox"/>	White: Irish <input type="checkbox"/>	White: Other <input type="checkbox"/>	
Black or Black British: African <input type="checkbox"/>	Black or Black British: Caribbean <input type="checkbox"/>	Black or Black British: Other <input type="checkbox"/>	
Asian or Asian British: Bangladesh <input type="checkbox"/>	Asian or Asian British: Indian <input type="checkbox"/>	Asian or Asian British: Pakistani <input type="checkbox"/>	
Asian or Asian British: Chinese <input type="checkbox"/>	Asian or Asian British: Other <input type="checkbox"/>		
Mixed: White and Black Caribbean <input type="checkbox"/>	Mixed: White and Black African <input type="checkbox"/>	Mixed: White and Asian <input type="checkbox"/>	
Other Ethnic Group: Arab <input type="checkbox"/>	Other Ethnic Group: Other <input type="checkbox"/>	Gypsy/Romany/Irish Traveller <input type="checkbox"/>	
Does not want to disclose <input type="checkbox"/>			

<b>Applicant's Household Status and Details (please tick one and provide any details below)</b>			
Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Family <input type="checkbox"/>	Lone Parent <input type="checkbox"/>
Names of those who will live with the applicant		Relationship	Date of Birth

<b>Why do you need accommodation and/or support?</b>

<b>Source of Income</b>			
Benefits <input type="checkbox"/>	Earned Income <input type="checkbox"/>	No Income <input type="checkbox"/>	
If you currently have no income, are you entitled to receive benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>

<b>Where or from whom did you hear about Community Campus?</b>

<b>Have you had any involvement with Social Services?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		

<b>Have you had any involvement with the Police/Criminal Justice System?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		

<b>Please indicate the areas where you may need support</b>			
Managing a tenancy <input type="checkbox"/>	Accessing training, education, volunteering <input type="checkbox"/>		
Claiming benefits <input type="checkbox"/>	Improve contact with family, friends <input type="checkbox"/>		
Reducing debts <input type="checkbox"/>	Developing confidence <input type="checkbox"/>		
Sorting out utilities <input type="checkbox"/>	Help with substance, alcohol misuse <input type="checkbox"/>		
Budgeting <input type="checkbox"/>	Reduce offending behaviour <input type="checkbox"/>		
Obtaining paid work <input type="checkbox"/>	To improve your physical health <input type="checkbox"/>		
To develop daily living skills <input type="checkbox"/>	Advice on healthy eating, cooking <input type="checkbox"/>		
Other <input type="checkbox"/>			
Are you already receiving help from any other agency in any of these areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please give details:			

**Declaration**

I confirm that the information contained in this application is true and includes all relevant information required to assess my referral.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### **Referral Agency Details**

Referral Agency	
Contact Name	
Address	
Contact Number	
Email Address	

### **Other Agencies Involved**

Agency	Contact Name	Telephone Number
Social Worker <input type="checkbox"/>		
Probation/YOS Worker <input type="checkbox"/>		
CPN/Psychiatrist <input type="checkbox"/>		
Health Visitor <input type="checkbox"/>		
Substance Misuse Agency Worker <input type="checkbox"/>		
Other Support Worker <input type="checkbox"/>		
How long have you known the applicant?		
How long do you expect to be working with the applicant?		
Does the applicant have a support/care plan with the referring agency?		Yes <input type="checkbox"/> No <input type="checkbox"/>

### **Risk Assessment Information**

The majority of our work involves lone working either in client's homes or in the community. We request that all referring agencies complete this form – this will not be used as a basis for accepting or excluding people from Community Campus, but will inform our own risk management strategy should we be able to offer accommodation/support.

Please include information based upon your own work with the client, as well as known history.

Please could you indicate from your knowledge of \_\_\_\_\_ (name),  
\_\_\_\_\_ (DOB) their history of the following:

Violence to others	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Violence from others	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aggressive behaviour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Abuse/harassment to others	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Damage to property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arson	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inappropriate sexual behaviour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sexual abuse (perpetrator)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical abuse (perpetrator)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Danger/risk to children	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical health (hepatitis, HIV)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Risk to professionals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Offending	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anti-social behaviour	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incidents of self-neglect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Incidents of being exploited	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Substance misuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Alcohol misuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accidental harm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sexual abuse (victim)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical abuse (victim)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Self-harm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Poor mental health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Poor motivation/engagement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rent arrears/debt	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Suicidal attempts	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Where you have ticked yes to any of the previous risk assessment questions, could you please provide details of each incident/issue including when the incident occurred, how many times it has happened and the severity of the incident?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:-

Middlesbrough

Janet Alder [janet.alder@cc87.co.uk](mailto:janet.alder@cc87.co.uk)  
St Mary's Centre, 82-90 Corporation Road, Middlesbrough, TS1 2RW  
01642 247209/253865

## PRIVACY NOTICE

### Introduction

Community Campus '87 needs to collect and process personal data in order to deliver our services to you:

- To develop support plans and risk assessments, and to make sure that you are receiving the support/services you need to progress positively in your life.
- To provide property management and maintenance services.
- To improve the quality of services and develop our service offer.

### Recording Personal Information About You

Most information we hold will be collected from you, but we may also obtain this from third parties such as previous landlords or other professionals working with you. We will always tell you why we need the information and how we'll use it. We only ask for information that is relevant and necessary in order to deliver the best possible service to you.

### Information Sharing

Your information is confidential and will only be shared where:

- To meet our legal and contractual obligations (As a commissioned service funded by Middlesbrough Council and Stockton Council we are obliged to provide regular performance and outcomes information).
- In connection with legal proceedings.
- To safeguard a young person or vulnerable adult.

When the information we need to share is defined as 'special' (e.g. Information about ethnicity, religion, etc.) we will generally ask you for consent before we share it unless we are required or permitted to share this by law.

### Data Security

Your information is kept private and only accessible by staff, hardcopy files are kept in locked cabinets and are not to be left unattended and computer based files are protected by password systems. Your information will be archived for six years after you have stopped using the service and then destroyed. If your application is unsuccessful your information will be stored securely for one year then destroyed.

### Accurate and Up to Date

Please tell us if your information changes so we can keep it up to date. For example if your contact details (mobile and email address) or if your household circumstances change.

### Verification of Identity

We may need to ask you for proof of identity where this is necessary for the delivery of our services, for example to ensure eligibility for housing. We may also carry out security checks to verify your identity when we communicate with you or your representative by phone.

### Your Rights

You can ask for a copy of the personal information we hold about you – this is known as a Subject Access Request. You can also request information to be corrected erased or transferred to another organisation. All such requests must be in writing including a copy of proof of address and valid ID. Further details outlining all of your rights in relation to your personal data are available on our website.

### Consent and Promotion of Our Services

We will use your contact details to send you information and communicate with you about all matters associated with your tenancy. We will never sell your details to third parties for their marketing purposes.

### Declaration

I confirm that a member of staff of Community Campus has explained to me my rights regarding the collection and use of my personal information.

I agree to Community Campus collecting, recording and processing information about me in the ways described above.

Client Name:

Client Signature:

Date

## Examples of Where We May Need to Share Your Information

<b>Statutory Bodies such as Legal and Government Organisations</b>	<ul style="list-style-type: none"> <li>• Local Authorities (e.g. Social Services, Environmental Health, Council Tax).</li> <li>• Health Authorities.</li> <li>• DWP and Housing Benefit Agencies.</li> </ul>
<b>The Police and Others Within The Criminal Justice System</b>	<ul style="list-style-type: none"> <li>• Probation.</li> <li>• HM Prison Service.</li> <li>• Youth Offending Teams.</li> </ul>
<b>Non-Legal Organisations</b>	<ul style="list-style-type: none"> <li>• Other Housing Associations and Landlords.</li> <li>• Insurers.</li> <li>• Banks.</li> <li>• Utility Companies (e.g. gas and electricity providers).</li> <li>• Credit Reference Agencies and Debt Collection Agencies.</li> </ul>
<b>Your Representatives</b>	<ul style="list-style-type: none"> <li>• A Nominated Friend, Family Member or Solicitor.</li> <li>• Local Councillor or MP.</li> <li>• Medical Professionals.</li> </ul>
<b>Persons or Organisations Associated with Community Campus '87 Ltd</b>	<ul style="list-style-type: none"> <li>• Maintenance Contractors.</li> </ul>

<b>Contact Us:</b>	<b>Further Information:</b>
<p>The Data Protection Team Community Campus 87 Ltd 76 Brunswick Street Stockton TS18 1UU</p> <p>Email: <a href="mailto:dpo@cc87.co.uk">dpo@cc87.co.uk</a> Website: <a href="http://www.communitycampus87.com">www.communitycampus87.com</a></p>	<p>The Information Commissioner (ICO) is also a source of further information about your data protection rights. The ICO is an independent official body:</p> <p>Information Commissioners Office Wycliffe House Water Lane, Wilmslow Cheshire, SK9 5AF</p> <p>Tel No: 0303 123 1113 Website: <a href="http://www.ico.org.uk">www.ico.org.uk</a></p>