

NEW ROOTS HOUSING PROJECT

APPLICATION FORM



If you require help communicating with us or understanding any of our documents we can arrange for an interpreter or translator to help you.

Date of Application _____

Referring Organisation _____
Contact Person _____
Contact Number _____

Self referral please tick box

Please indicate which areas you wish to be considered for

- Workshop
- Retford
- Harworth

Which Scheme are you applying for? (Schemes will be explained in more detail at interview)

- Shared Move On Young Parent Floating Support for Young Parents
(Young parent and floating support applicants please complete additional page)

Applicant's Details

First Name (s) _____

Last Name _____

Are you, or have you, been known by any other name _____

What do you prefer to be called _____

Date of birth _____ Age _____

Male / Female _____ National Insurance Number _____

Your telephone number _____

Name / number where message may be left _____

Where do you live now ? Please tick below

- Family Home Friends Own Tenancy B & B Sleeping Rough with Partner/ former Partner

Other please give details

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Updated 15/10/07

Current address _____

_____ Post Code _____

How long at current address From _____ To _____

Can we contact you at the above address? Yes No

Please explain the reason for leaving / need for accommodation

Have you been given a date to move (if so please state) _____

Have you had a tenancy with New Roots or made a previous application? Yes No

Previous Addresses Please give details of your last three addresses starting with the most recent

Address	From	To	Type of accommodation/ with whom	Reason for Leaving

Status

	YES	NO	Who With / Where
Are you employed	<input type="checkbox"/>	<input type="checkbox"/>	_____
On a training scheme	<input type="checkbox"/>	<input type="checkbox"/>	_____
In education	<input type="checkbox"/>	<input type="checkbox"/>	_____

Which benefit are you in receipt of _____

When did this benefit start _____

How much do you receive _____

Current salary if working _____

Health Information

Name of Doctor _____

Address of Surgery _____

Tel _____

Are you on any medication? YES NO
 If YES please give details

Do you have any health problems / disabilities that the Project needs to be aware of YES NO
 If YES please state

Social Welfare

Please be honest in the answers you give, your past will not necessarily affect your application.

YES NO

Do you have support from another agency, e.g. Framework, Social Services, Probation, Other

If you do, please give name of Key Worker _____

Have you ever been involved with the Police or been subject to a probation order? YES NO

If yes please give details of any past or pending offences including :
Arson, Violence, Sexual Offences, Theft, Drug Offences.

Please be honest in the answers you give, your past will not necessarily affect your application. This question is being asked to ensure that an appropriate level of support can be offered to meet your needs.

Are you using, or have you used (in the last six months)

YES NO
DRUGS
SOLVENTS
EXCESSIVE ALCOHOL

Are you receiving any help with this, please give details _____

Who would you want us to contact in an emergency

Name _____

Relationship to you (i.e. relative, friend) _____ Tel _____

Contact address _____

Who is your next of kin _____

Contact address _____

Are you on a housing waiting list? YES NO With whom? A1 Housing Letts Other

How long have you been on this waiting list? _____

Equal Opportunities Monitoring please tick relevant box

WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	OTHER ETHNIC GROUP
British	White & Black Caribbean	Indian	Caribbean	Chinese
Irish	White & Black African	Pakistani	African	Other Please Specify
Gypsy/Romany	White & Asian	Bangladeshi	Other Black	
Other White	Other Mixed	Other Asian		Prefer not to say

Declaration

In order to process your application New Roots may find it necessary to contact other agencies for information. This may include Social Services, Local Authorities, housing associations and or landlords, the Police etc.

Please read and sign the declaration below:

“The information I have given is true and complete. I hereby give my permission for New Roots to contact any relevant agencies including present and previous landlords. I authorise such agencies to disclose any information requested by New Roots in order to process my application and assess relevant support needs.”

Signed _____ Date _____

In the event of New Roots declining a service the applicant has the right to appeal against this decision.

Please return your completed application form to:

**New Roots Housing Project
First Floor Offices
Chancery Lane
RETFORD
Notts
DN22 6DF**

t: 01777 711059 f: 01777 704549
e: info@newrootshousing.org.uk w: www.newrootshousing.org.uk

Charity Registration Number: 1045334

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Additional page for - YOUNG PARENT APPLICATION



Please complete this page only if you are applying for a place in the Young Parent scheme

Name of applicant _____

Address _____

Expected date of delivery _____ Midwife _____

1st child's name _____ Girl Boy Date of birth _____

2nd child's name _____ Girl Boy Date of birth _____

Social Worker for baby/child _____ Health Visitor _____

Doctor's Surgery _____

Any problems during / with pregnancy? Yes / No if yes please give details

Does baby / child have any medical problems, conditions or disabilities we need to be aware of?
Yes / No if yes please give details

Has baby / child been prescribed any medicines? Yes / No if yes please give details

Do you or your baby / child attend any of the following? please tick all that apply

Ante Natal Teenage Parenting Group Parent & Toddler Group Albion Centre

Nursery Playgroup Parentzone Other Please give details

Do you receive any support or help from baby's / child's grandparents or any other relatives? Yes / No
if yes please give details

Father's name (mother's name if father is the applicant) _____

Address _____

Do they have contact with baby / child? Yes / No if yes please give details / arrangements

What are your specific concerns around your current housing situation? (if necessary continue overleaf)

ELIGIBILITY CRITERIA

- 1 Tenants for the New Roots Housing Project will be selected from young people who are:
 - aged 16 to 25 (with exceptions for those with physical disabilities)
 - single (shared scheme)
 - pregnant or parents of young children (young parents scheme)
 - homeless or in housing need
 - have a connection with the district of Bassetlaw
- 2 Applicants must be in need of housing and be able to benefit from the supportive service offered by New Roots staff and other agencies involved with the Project

In assessing the level of support a young person needs, New Roots will also take into account:

- other sources of support available to the young person – especially in relation to those with physical disabilities and problems of mental ill-health:
- the support services the young person requires and their availability, particularly in the area of resettlement, development of parenting skills and child protection
- the combined needs of the parent and child
- the needs of the existing resident group

All referrals will be treated equally, regardless of whether they are self-referrals or referrals from other agencies. A referral must contain all relevant, up-to-date information so that a realistic assessment of what New Roots can offer in relation to the applicant's needs can be established. This information will help the selection panel to decide if the young person will benefit from the Project.

- 3 New Roots reserve the right to use their discretion when considering applicants with:
 - issues regarding drug abuse
 - issues regarding alcohol abuse
 - solvent misuse
 - a high level of offending history or those with behavioural problems
- 4 Applications from young people with:
 - a history of serious violence
 - a history of arson
 - sex offences

would have to be considered very carefully and maybe excluded from New Roots' services.

- 5 All applicants to the Project will be considered in the light of the Projects Equal Opportunities Policy, and with strict regard to the Project's Confidentiality Policy.
- * See overleaf for appeals process

Appeal Process

Unsuccessful applicants can appeal against the decision and request that their application be re-considered. This must be done within 14 days from the date of the decision letter and may be in writing or a verbal request made in person at the office or by telephone. A review of the application will be carried out by a different member of staff and applicants will receive notification of the decision within 21 days. If an applicant is still dissatisfied then a further appeal can be submitted by writing to the Chair person of the New Roots management committee at:

New Roots Housing Project
First Floor Offices
Chancery Lane
Retford
Notts
DN22 6DF