



CHAT Youth Project Application Form

NAME OF APPLICANT

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CHAT Youth Project is a supported housing project for homeless single young people between the ages of 16 and 25 yrs in the Tiverton area. We also have accommodation for single teenage parents.

The project is designed to provide support and accommodation for young people who have had to leave home prematurely. It is designed for young people who have some experience of independent living and recognise they have a need for support, life skills training and to direct their lives towards further education, training or employment. See Project Information for more details.

If you are 16 or 17 yrs, pregnant or with a young child or a care leaver between the age of 18 and 21 yrs, and you are homeless, please make sure that you have approached Mid Devon District Council as well as filling in this form.

We may ask you to nominate a 'Support Partner' to back your application. This could be your Connexions Worker, your social worker, your personal advisor or a responsible member of your family, such as a parent, grandparent, aunt or uncle.

The information you provide on this form is confidential.

Once we have received your completed application form you will be invited to an informal profile interview. This helps us to assess your suitability for the project.

Please send completed application form to:

CHAT
28 Gold St.
Tiverton EX16 6PY

Tel: 01884 255 606 Fax: 01884 258 030
E-mail: theoffice@chatmid.co.uk

Personal Details

Youth Project Applicant

Full Name

Other surnames you have been known by

Date of birth / / Place of birth.....

Age Nat. Ins. No.

Contact phone nos: Land line

Mobile

Contact Address

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Are you staying at this address? Yes / No

If not, where are you staying?

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Children (if any)

Name Date of birth

Name Date of birth

Are you pregnant? **YES / NO**

Baby's due date

Are you are Care Leaver? YES / NO

Which local authority is looking after you?

Social Worker's Name and contact details

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Next of Kin

Who is your next of kin?

Parent Relative Other Please state

Name

Address

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If you are 16 or 17 yrs, pregnant or with a young child or a care leaver between the age of 18 and 21 yrs and you are homeless, please make sure that you have made a Homeless Application to Mid Devon District Council as well as filling in this form.

Have you applied to Mid Devon District Council as homeless?
Yes / No
If so, date of application/...../.....
Have you been accepted as homeless? **Yes / No**
Have you applied to any other housing projects? **Yes / No**
If yes, please give details

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Do you need any help contacting Mid Devon District Council? **Yes / No**

Health details

Do you suffer from any health problems, disabilities or special needs, such as the following: allergies, epilepsy, depression, asthma, ADHD, mobility or sensory problems, etc?

If yes, please give brief details

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Are you taking any prescribed medication? **Yes / No**

Have you been admitted to hospital in the last 2 years? **Yes / No**

Income

Are you working? Yes / No
Name of employer
Is this temporary work or a permanent position?
Full-time or part-time?
What is your pay £..... per week / per month
Are you claiming benefits? YES / NO
Job Seeker's Allowance / Income Support / Other
Please state
How long have you been claiming?

Support details

It is useful for us to know if there are any people involved in supporting you, such as social worker, personal advisor, connexions worker, probation officer, YOT worker, or youth worker? Yes / No
If so, please give their name and contact number
If you are 16 or 17 yrs, or a care leaver, we will need one of them to fill out a Support Partner Form .
We will need your permission to contact them to discuss their role as Support Partner – see Consent Form

Support needs

The Youth Project provides accommodation with support. It would be really useful if you could give us some idea of the areas of support you might need during your stay in the project. **(please tick)**

	A lot	Some	A little		A lot	Some	A little
Cooking				Claiming benefits			
Laundry				Finding work			
Shopping				Education/training			
Managing money				Coping with friends			
Cleaning				Family problems			
Keeping appmnts				Asking for help			
Reading & writing				Living with others			

Please explain briefly in your own words why you are making this application:

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I declare that the information I have given is correct to the best of my knowledge and understand that if I deliberately withhold important information this may affect my chances of being offered a place in the project. CHAT may verify this information with other support workers or relatives.

I give consent to my nominated Support Partner to provide information to support this application.

Signed..... Date.....

Print name

Please complete the attached Consent Form and Equal Opportunities Monitoring Form

CONSENT FORM

Name.....

Date.....

Address.....

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Telephone.....

National Insurance Number.....

I give my consent to the recording and use of the information I have provided.

In order for CHAT to act on my behalf regarding my housing and welfare needs, I give consent for CHAT to share and receive written or verbal information with third parties, including consultations with specialist advice agencies that would require disclosure of personal details.

Signed.....

Signed on behalf of CHAT.....

Please tick this box if you DO NOT want the information you have provided being used for training or audit purposes.

Churches Housing Action Team (Mid Devon) Ltd

Data Protection Statement

CHAT will ensure that personal data, held both on computer and manual files, is processed fairly and lawfully.

I understand that the information I have given will be used by CHAT to provide a housing advice and support service. I acknowledge that CHAT staff will have access to this information as required to provide me with a housing advice and tenancy support service.

I agree to relevant information being exchanged between staff.

In addition to CHAT staff, CHAT may share information with outside agencies in the specific circumstances listed here:

- The Police – CHAT wishes to co-operate with the police in the prevention and detection of crime. The consent of the client is not required where the police request information from CHAT for the purposes of detecting a crime. We will check the reason for a request before disclosing any information and approval for the release will be obtained from the Co-ordinator.
- Housing Benefit Department – where CHAT is in receipt of Housing Benefit on behalf of a tenant CHAT will give the relevant information to assist in the processing of a Housing Benefit claim. In this situation CHAT is legally obliged to notify the local authority of change of circumstances or if it suspects that a tenant is receiving Housing Benefit to which they are not entitled. The consent of the client is not required.
- Probation Service – where the Probation Service have legal duties toward a client relevant information may be disclosed, with the approval of the Coordinator, depending on the type of information required, the reason it is requested and whether or not the client's consent has been given.
- Social Services – CHAT will inform Social Services of any suspected or reported abuse of children or vulnerable adults. No consent is required.

No other agencies will be provided with information without the explicit written consent of the clients.

Client Monitoring Form

We are asking for this information so we can ensure we are giving a good service to all our clients. It will only be used to monitor take up of services and ensure that no particular individual or groups of people are discriminated against in the provision of our services. Any answers you give will not affect the service you are receiving from CHAT. It is a Government requirement to ask these questions, but you can choose not to answer the questions.

1. **Are you...** (Please tick ✓ one box) Male Female

2. **What was your age on your last birthday?** Years

3. *Under the Disability Discrimination Act (DDA) 2005 a disability is defined as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'.*

Do you consider yourself to be disabled within the definition (please see above)?

(Please tick ✓ one box)

Yes - Go to question 4 No - Go to question 5

4. **Please state your type of impairment. If you have more than one type of impairment, please indicate all that are applicable.** (Please tick ✓ as appropriate)

- Physical or mobility impairment
- Visual impairment
- Hearing impairment
- Learning disability
- Mental Health condition
- Long-standing illness or health condition e.g. cancer, diabetes, HIV
- Other - please state

5. **Please tick which one applies to you** (Please tick ✓ as appropriate)

- Full time Employment (30 hours +) Self Employed
- Part time Employment (under 29 hours) Unemployed
- Looking after the Home Full-time Education
- Government supported training scheme Retired
- Not Working for reasons of ill health/ disability
- Other - please state

6. **Do you describe yourself as:** (Please tick ✓ one box)

- | | |
|--|---|
| White British <input type="checkbox"/> | Black or Black British Caribbean <input type="checkbox"/> |
| White Irish <input type="checkbox"/> | Black or Black British African <input type="checkbox"/> |
| Other White Background <input type="checkbox"/> | Other Black Background <input type="checkbox"/> |
| (Please state below) | (Please state below) |
| Mixed White & Black Caribbean <input type="checkbox"/> | Asian or Asian British Indian <input type="checkbox"/> |
| Mixed White & Black African <input type="checkbox"/> | Asian or Asian British Pakistani <input type="checkbox"/> |
| Mixed White & Asian <input type="checkbox"/> | Asian or Asian British Bangladeshi <input type="checkbox"/> |
| Any other Mixed Background <input type="checkbox"/> | Any other Asian Background <input type="checkbox"/> |
| (Please state below) | (Please state below) |
| | Chinese <input type="checkbox"/> |

Any other Ethnic Group – Please state