

## Supported Accommodation (Culverdale) Resident Application Form

This section is to be completed by the applicant where possible with help from the Care Manager arranging admission only if necessary.

Name:							
Date of birth:			National Insurance Number:				
Present address:							
Telephone number:		How long have you been at this address?					
Do you currently receive any state benefits? <i>(Please tick all that apply)</i>	UC		ESA		DLA/PIP (Care)		Housing Benefit
	JSA		ESA: Are you in the Support Group?		DLA/PIP (Mobility)		Working Tax Credit
	Other benefit			Other Benefit / Regular Income (please give details)			
Are you employed?	YES / NO				How much do you take home?	£	Per Week/Month

Are you?	Married/Civil Partnership/Divorced /Separated /Single /Other <i>(delete as appropriate)</i>		
Do you have any children?	YES / NO	If yes, how many and how old are they?	
How often do you see them			

**If there is an emergency whilst at Crossways, we may need to contact someone on your behalf:**

What is the name of your next of kin:		Relationship to you	
What is their address?			
Telephone number		Do you wish us to talk to them about coming to Culverdale?	Yes/No
Email address			

**Please tell us a bit about yourself**

**Do you have a daily routine? If so what is it?**

**What do you like to do in your spare time?**

**Do you have any other hobbies or interests?**

We would like to know what exactly it is that you'd like to achieve during your time at Culverdale. Please let us know if you need support in the following areas. If so, please explain what you feel your support needs are. If your application is successful, these will be included in your first support plan.

**Better management of - physical health**

**Better management of - mental health**

**Budgeting**

**Self-care**

**Cooking**

**Finding employment (paid or voluntary)**

**Further education**

**Improving support networks**

**If you would like to let us know anything else about yourself, please use the space below.**

In applying, you are agreeing that Crossways Community may inform any external agency (such as your Care Manager etc) of the outcome of your assessment and application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For people filling in this form for someone else**

If you have completed this form on behalf of the applicant, please tell us some details about yourself:

<b>Your Name</b>		<b>Your phone number / email address</b>	
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**Please state your relationship to them and why you are completing the form for them.**

EQUAL OPPORTUNITIES FORM (Culverdale)

**THIS FORM SHOULD BE HANDED TO ADMIN DEPARTMENT FOR RETENTION & EOP ANALYSIS**

Crossways Community operates an Equal Opportunities and Anti-Discrimination Policy that ensures that anyone who applies to us is considered on their merits, regardless of race, ethnic origin, sex, marital status, disability or sexual orientation. We therefore operate a monitoring policy to check that unfair discrimination is not taking place. Please circle your choice. You are free to put "prefer not to say" to any question you do not wish to answer (for whatever reason).

<b>APPLICANT'S NAME</b>		
<b>Date of Birth</b>		<b>Age</b>

**Ethnic Origin**

A) White	B) Mixed	C) Asian or British Asian	D) Black or Black British	E) Chinese or other ethnic group
British	White and Black Caribbean	Indian	Caribbean	Chinese
Irish	White and Black African	Pakistani	African	*Any other*
*Any other White background*	*Any other Mixed background*	Bangladeshi *Any other Asian Background*	*Any other Black background*	<b>Prefer not to say</b>

\*If you have stated "any other" please specify how you would describe your ethnic origin?

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<b>Gender</b>	Female	Male	Transgender	Other .....	<b>Prefer not to say</b>
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**Disability**

Do you consider that you have a physical disability or are physically disabled?	Yes	No
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If yes please specify.....

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Do you require any reasonable adjustments so as to assist you during the selection process? (i.e. help with physical access, communication support, personal support?)	Yes	No
If you were to be come to live at Crossways, would you require any reasonable adjustments?	Yes	No

If you answered yes to either of the above questions, we will contact you to discuss any adjustments you may require.

**Religious belief**

How would you describe your religion or belief?	Agnostic	Atheist	Buddhist	Christian
	Hindu	Jewish	Muslim	Sikh
	Other (please specify)			<b>Prefer not to say</b>

**Admin Use Only**

Application Received (date)		Result of Application		If Accepted (Date of Arrival)	
If Not Accepted (Reason)				Result of application & assessment passed to external agency?	