

Application for Accommodation

For Office Use Only	
On In-Form	
Booked	
Decision	

Date of Referral:

Referrer's Name:

Referrers Contact Details - Tel:

Email:

Privacy Statement: Please note that we may keep your data for at least 6 years. For more information and to view our privacy policy in full, please visit ymcasc.org.uk/privacypolicy

Personal Details:

Name:		Gender:	
Home country:		First language:	
Post code:		NI Number /Photo ID:	
DOB:		Age:	
Mobile phone no.		Work phone no.	
Work Address:			
Next of kin name:		Next of kin phone:	
Address:			
Email			
Out of town:	Yes	No	Leaving Care:
			Yes
			No

Accommodation Status:

Present Address:	
How long have you lived at this address?¹	
Reason for Leaving:	
Address Dates:	
What is your anticipated length of stay?	

¹ If you have lived at the present address for less than 5 years, please list previous addresses up to 5 years ago. Please continue on separate sheet if necessary.

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From what date do you require the accommodation?	
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Economic Status:

Full-time student		Full-time work (16 hrs+ per week)		Government training/work programme		Jobseeker	
Long-term sickness/disability		Not seeking work		Other adult		Part-time work (less than 24 hrs pw)	
Retired		Not entered/not known		Refused			

Do you currently claim any Benefits? If yes, please specify	
What is your weekly income after tax?	

Dependents? Please give details.

Dependents:	Name:	Age:	Date of Birth:	Further Information: other agencies involved

Disability	Yes	No
Are you registered disabled? no.		

If yes please speak directly to the Housing Manager, extra forms may need to be filled in.

Medical conditions	Yes	No
Medication		
Please give details of your present Doctor		
Name		Telephone no.
Address		

Are you subject to any form of statutory supervision, e.g. Probation Order etc.	Yes	No
Please give details:		

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Do you have any current /previous criminal convictions?	Yes	No
If yes please detail:		

Immigration status:

Refuge:		Asylum seeker:		Current status:	
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Parental Status:

Single:		Pregnant:		Lone Parent:	
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Support Agencies:

Are other agencies involved? Y/N	Yes	No
Name:		
Organisation:		
Address:		
Post Code:		Telephone No:

**Please indicate the support need of young person:
(You can tick more than one box)**

Drug related problems (please state drug type)		Debt/Hardship – Please State-Utilities Catalogues, Credit Cards, HB in Payment? Rent arrears?	
Alcohol related problems		NASS support ended	
Physical/sensory disability		Family conflict	
Mental health (tick if YP has previously/currently suffering with depression, self-harmed)		Eviction/Facing eviction (state reason)	
Learning difficulty		Hate crime/Gang affiliation (add risk details)	
Young person leaving care		Offenders or at risk of offending/leaving prison	
Domestic Violence (add risk details)		Life skills training i.e. budgeting, cooking, help with form filling, setting up benefits etc.	
Rough Sleeping		Other: please state	
Any additional support needs:			

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Emergency Phone No.

Name	Relationship to you	Mobile phone no.

Reference's details

Please give full details of two people (not related to you) who would be willing to give you a character reference (e.g. employer, previous landlord, tutor, family friend, etc)

Name		Name	
Email		Email	
Adress		Adress	
Relationship		Relationship	
Mobile phone no.		Mobile phone no.	

If you own a car, please state registration number:

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The following information is required for monitoring purposes and will be kept secure and confidential;

White	Black	Asian	Chinese	Other Background
British	India	Indian		
Irish	Caribbean	Pakistani		
Other	African	Bangladeshi		
	Other	Other		

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Religion:

Buddhist:		Christian:		Does not wish to disclose:		Hindu:	
Jewish:		Muslim:		None:		Not known:	
Sikh:		Other:		Please specify:			

I confirm that I am over the age of 13 and I consent to my personal and special category data being collected and processed by the YMCA Sutton Coldfield for the fulfilment of services

Signed: _____

Date: _____

I confirm that I am over the age of 13 and I give consent for the YMCA Sutton Coldfield to take photographs and videos of me. I understand that these may be used for promotional, marketing or media purposes.

Signed: _____

Date: _____

Additional Information:

Please e-mail through the completed referral form to: admin@suttoncoldfieldymca.org.uk

YMCA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.

