

**Application for Supported Lodgings Provider**

|  |  |  |
| --- | --- | --- |
|  | Applicant 1 | Applicant 2 |
| Surname |  |  |
| Previous Surname |  |  |
| Forename |  |  |
| Date of Birth |  |  |
| National Insurance Number |  |  |
| Current Occupation & Employer details  Former Work History & Dates (last 5 years)  Have you ever been requested to attend a disciplinary hearing where a sanction or penalty has been imposed against you?  Are there any criminal or employment disciplinary proceedings pending against you? |  |  |
| Address  Former Address History (last 5 years) |  |  |
| Education History –Qualifications gained |  |  |
| Telephone Number |  |  |
| Mobile Number |  |  |
| Email Address |  |  |
| Ethnic Origin |  |  |
| Religion |  |  |
| Sexual Orientation |  |  |
| Communication issues to be aware of (e.g. restricted mobile signal, dyslexia, hearing or visual impairment) |  |  |
| Any health issues? |  |  |

**Other Members of the Household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | M/F | DOB | Age | Relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Where did you hear about Supported Lodgings?**

**Criminal Convictions**

*Certain categories of convictions do not necessarily prevent you from being a supported lodgings provider and all applications are considered on merit.*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you or any member of your household have any criminal convictions, cautions or warnings? |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you or any members of the household ever been subject to a LADO or Safeguarding investigation? |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you or any members of the household ever been involved with Norfolk or Suffolk Social Care services? |  |  |

**Visitors**

*Are there any other people who don’t live in your household but are regular visitors to your home and stay overnight? (By this we mean over 20 nights per year)*

**What family pets do you have?**

**Location of Accommodation**

*Please give a brief description of the local amenities e.g. public transport, educational centres, library.*

**Health and Safety**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the house fitted with smoke detectors? |  |  |
| Are locks fitted on the bathroom and cloakroom doors? |  |  |
| Do you have current household insurance? |  |  |
| Do you have a current gas safety certificate? |  |  |
| Are medications safely monitored? |  |  |
| Do you smoke in your house? |  |  |
| Any other relevant safety issues |  |  |

**Description of family lifestyle**

*Please tell us about your routines, activities, groups, clubs, hobbies and interests:*

**Why do you want to offer Supported Lodgings? What do you think it will bring?**

**Previous experience**

*Please tell us of any previous experience you might have had e.g. working with or caring for young people, providing lodgings:* ***(If you have been a paid carer we will need a reference from the Employer you worked for).***

**Support**

*Please indicate the range or level of practical and emotional support you would be able to offer a young person e.g. teaching someone how to cook, actively listening:*

Availability each day/weekends/regular time away?

**Young Person**

*Are there any groups of young people that you feel you would not be able to work with? If so, why?*

**House Rules**

*What house rules are important to you? For example, coming in late, overnight visitors, meals, smoking?*

*Please tell us about any relevant qualifications or training you have completed:*

*Please tell us about any voluntary work/ social activities/groups/hobbies for both applicants over the last 5 years:*

Applicant 1

Applicant 2

**References**

**Applicant 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference 1**  **Professional Reference (Employer)** |  | **Reference 2**  **Character Reference (not family)** |  |
| Name |  | Name |  |
| Address |  | Address |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Relationship to you |  | Relationship to you |  |

**Applicant 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference 1**  **Professional Reference (Employer)** |  | **Reference 2**  **Character Reference (not family)** |  |
| Name |  | Name |  |
| Address |  | Address |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Relationship to you |  | Relationship to you |  |

**Applicants Consent for Professional Reference**

Full name:

Address:

DOB:

NI Number:

Dates of Employment

Full Payroll number:

I confirm that I agree to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ providing a reference.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_