



## Application Form

Reference Number: \_\_\_\_\_

**If you need help to complete this form – please speak to a member of staff at the Foyer.**

**Please forward completed form to:**

**Flax Foyer  
16 Flax Street  
Belfast  
BT14 7EJ**

Or email to: [info@flaxfoyer.com](mailto:info@flaxfoyer.com)

### FOR OFFICE USE ONLY

	DATE:	SIGNATURE:
Application received:		
Assessment Date:		
Background checks completed:		
Accepted:		
Not Accepted: (record reason)		
Deferred: (record reason)		
Move in:		
Agent/ Applicant notified: (If applicable)		

**PERSONAL DETAILS**

<b>Full Name:</b>		<b>Telephone Number &amp; Email:</b>	
<b>Address:</b>		<b>NI Number:</b>	
<b>Age &amp; Date of Birth:</b>		<b>Gender:</b>	

**REFERRAL DETAILS**

<b>Self-referral?</b>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
<b>If no, please give details of referral agency:</b>		
<b>Agency:</b>		
<b>Staff Member:</b>		<b>Telephone Number:</b>
<b>Address:</b>		<b>Email:</b>

**HOMELESS INFORMATION**

<b>Last Settled Address</b>	<b>Reason for homelessness/risk of homelessness</b>

<b>Homeless Status (FDA awarded)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending Enquiries
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**Previous Hostel Accommodation**

<b>Name &amp; Address</b>	<b>Dates of occupancy</b>	<b>Reason(s) for leaving</b>

Have you been evicted or excluded from temporary accommodation?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide details:			

## INCOME

Are you in paid employment?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes:					
How much do you get paid?	£				
	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly
Are you in receipt of benefits or any other income?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, tick all boxes that apply					
Universal Credit	<input type="checkbox"/>	Personal Independence Payment	<input type="checkbox"/>		
Job Seekers Allowance	<input type="checkbox"/>	Employment Support Allowance	<input type="checkbox"/>		
Income Support	<input type="checkbox"/>	Educational Maintenance Allowance	<input type="checkbox"/>		
Student loan/grant	<input type="checkbox"/>	Other	<input type="checkbox"/>		
If other, please specify:					
Name of Benefit/Income	Amount		Weekly/fortnightly/Monthly		
	£				
	£				
	£				

## EMPLOYMENT AND TRAINING

Please tell us what you are doing at present			
Tick all boxes that apply to you			
I am in full time education	<input type="checkbox"/>	I am in part time education	<input type="checkbox"/>
I am in full time employment	<input type="checkbox"/>	I am unemployed	<input type="checkbox"/>
I am in part time employment	<input type="checkbox"/>	I am not working due to illness	<input type="checkbox"/>
If other, please specify:			
If not already in education. Are you willing to take part in education/training in the Foyer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**HEALTH AND WELLBEING**

<b>Are you registered with a doctor?</b>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Please give GP details any details of any current health problems:</b>			

**PROFESSIONAL SUPPORT**

<b>Please give details of any professionals/agencies you are involved with:</b>	
<b>CPN:</b>	
<b>Social Worker:</b>	
<b>Probation Officer:</b>	
<b>Other, please give details:</b>	

**DRUG USE**

<b>Past</b>	<input type="checkbox"/>	<b>Current</b>	<input type="checkbox"/>	<b>None</b>	<input type="checkbox"/>
<b>Substance</b>	<b>Method of use</b>		<b>How much</b>		

**ALCOHOL USE**

<b>Past</b>	<input type="checkbox"/>	<b>Current</b>	<input type="checkbox"/>	<b>None</b>	<input type="checkbox"/>
<b>Details:</b>					

**OFFENDING**

Have you ever been:				
In trouble with PSNI	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In Prison	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On Probation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
On Bail	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered yes to any of the above, please give details below:				
Offences/Charges	Age when offence committed	Outcome Custodial, suspended sentence, probation, etc	Duration of prison, probation, community service, sentence served.	Bail conditions

Please provide any further relevant information

## REFERENCES

**Please provide the names and contact details of 2 referees who have known you, in a professional or supportive capacity.**

These could be a tutor, teacher, support worker, youth worker, social worker, probation officer, employer or other professional.

**Family members cannot be used**

Referee 1		Referee 2	
Name:		Name:	
Address:		Address:	
Telephone No:		Telephone No:	
Email:		Email:	
Relationship:		Relationship:	

**I declare that all information given in this form is true to the best of my knowledge**

Signature:		Date:	
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**Data Sharing**

In adherence to the General Data Protection Regulation (EU) 2016/679 ("the GDPR"), I \_\_\_\_\_ give permission to NB Housing (Flax Foyer) to hold all information in relation to me necessary to process my application.

**Information held will include:**

Your name, previous address, telephone number, date of birth, sex, national insurance number, next of kin, sensitive information and support requirements (medical, criminal & support history), information on benefits.

Please see enclosed Fair Processing notice for further information.

I understand that this information will be held in strictest confidence and that I may make a reasonable request in writing at any time to view all information held in relation to me.

I give permission for NB Housing/ Flax Foyer staff to seek/and/or share information about me with any supporting or referral agencies.

I give permission for staff in the Foyer to contact either my next of kin or my designated person if staff have concerns over any activities I may be involved in that could be harmful to me or others.

I understand by signing this permission form that members of, Supporting People auditing team or other Government Departments and agencies may request access to my data.

<b>Signature:</b>		<b>Date:</b>	
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**TO BE COMPLETED BY THE REFERRAL AGENT, IF APPLICABLE:**

<b>Name:</b>		<b>Position:</b>	
<b>Agency:</b>		<b>Address:</b>	
<b>Telephone no:</b>		<b>Email:</b>	

**Please state the reason you are referring the applicant to Flax Foyer?**

**To the best of your knowledge has the applicant ever had any difficulties in any of the following areas? (please tick)**

Intimidation <input type="checkbox"/>	Threatening Behaviour <input type="checkbox"/>	Alcohol Dependency <input type="checkbox"/>	Debt <input type="checkbox"/>
Mental Health <input type="checkbox"/>	Drug Dependency <input type="checkbox"/>	General Health Problems <input type="checkbox"/>	Offending <input type="checkbox"/>
Violent Behaviour <input type="checkbox"/>	Family Relationships <input type="checkbox"/>	Independent Living Skills <input type="checkbox"/>	Gambling <input type="checkbox"/>

**Please provide information if applicant is receiving specialist support regarding any of the above. Other (please give details)**

**Do you feel the applicant is ready to follow an individually tailored training programme, the content of which will be decided in negotiation with them?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**How long do you think the applicant will require accommodation in Flax Foyer?**

less than 3 mths <input type="checkbox"/>	3–6 mths <input type="checkbox"/>	7–9 mths <input type="checkbox"/>	10–12 mths <input type="checkbox"/>	more than 1 year <input checked="" type="checkbox"/>
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**Are you will to maintain supportive contact with the applicant during their stay in Flax Foyer?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**If not, who will be allocated to work with this person?**

**Are there any further comments you would like to make regarding the suitability of the applicant for the Foyer?**

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<b>Signature:</b>		<b>Date:</b>	
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**EQUAL OPPORTUNITIES MONITORING FORM****TO BE COMPLETED BY ALL APPLICANTS**

NB Housing operates an equal opportunities policy and does not discriminate on the grounds of religious belief, creed, race, sexual orientation, disability or political opinion.

To demonstrate our commitment of equality of opportunity we are required to monitor the community background of all our applicants.

**PLEASE DO NOT WRITE YOUR NAME ANYWHERE ON THIS FORM****Section A**

I am a member of (please tick as appropriate)

Roman Catholic ☐ Protestant ☐ other (please specify) \_\_\_\_\_ Community

**Section B**

I am (please tick as appropriate)

Male ☐ Female ☐ Other (please specify) \_\_\_\_\_

**Section C****Disability Discrimination Act**

The Disability Discrimination Act protects people with disabilities from unlawful discrimination. It defines disability as a "physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability? **YES / NO**

**Section D****What is your Ethnic Background?**

White ☐ Black ☐ Asian ☐ European ☐ Traveller ☐ Mixed Race ☐

Other ☐ Please Specify \_\_\_\_\_

**Section C****What is your sexual orientation?**

Heterosexual ☐ Homosexual ☐

Bisexual ☐ Other ☐

Prefer not to say ☐

**Please separate this monitoring form from your application and place the completed form in the envelope provided. Return your application and monitoring form to Flax Foyer.**

**Thank you.**