

Application Form

Please note that this form is compliant with the Data Protection Act 1998. Information supplied in this document and associated documents will be treated in line with the Information Governance Policies Confidentiality Policy Sir Josiah Mason Trust has in place and will remain in a safe and confidential place within the Trust.

Sir Josiah Mason Trust is committed to the fair treatment of the users of its services, regardless of race, gender, religion, sexuality, responsibilities for dependants, age, physical/mental disability or offending background.

Sir Josiah Mason Trust is required to ask you for Right to Rent documentation in line with the government requirements – please provide a combination of forms that are requested. There is an explanation within the application form to help you.

Please identify which location you are applying for *(you can mark more than one)*

Mason Court – Olton

Mason House - Shirley

Jubilee Court – Olton

Ruth Patrick House – Shirley

Mason Cottages – Erdington

Holte & Bracebridge – Erdington

Church Gardens – Wolverhampton

Applicant's Details (Single applicant)

Mr / Mrs / Miss / Ms / Other:

First or Given Name

Last or Family Name:

Date of Birth:

Address where you are currently living (including postcode)

**Usual Address
(if different)**

Contact Tel No(s)

Mobile

Landline

Email

National insurance No

Is this a self-referral?

Yes / No

Right To Rent

**Does the applicant have the Right to Rent within the UK?
Yes / No**

Applicant's Details (Couple application)		
Mr / Mrs / Miss / Ms / Other:		
First or Given Names:		
Last or Family Names:		
Date of Birth:		
Date of Birth:		
Address where you are currently living (including postcode)		
Usual Address (if different)		
Contact Tel No(s)	Mobile	
	Landline	
Email		
National insurance No		
National insurance No		
Is this a self-referral?	Yes / No	
Right To Rent	Does the applicants have the Right to Rent within the UK? Yes / No	

Referrer's Details (if not a self-referral)			
Title:		Name:	
Job Title/Position			
Organisation:			
Address (including postcode)			
Contact Details:	Mobile:		
Landline:		Extension No:	

Please include details of any difficulties or problems being experienced in the taking of prescribed medication.

[illegible]

Continue on separate sheet if necessary

Background Information/Social History (i.e. family support/local connections, bereavement and employment history)

[illegible]

Continue on separate sheet if necessary

Five Year Housing History

From	To	Type of accommodation (i.e. Owner/occupier/private or social Resident /living with family	Reason for leaving

Current Support Network

GP Details				
Name:				
Tel No:				
Address:				
Social Worker				
Information on current CPA?		Yes		No
Name:				
Tel No:				
Address:				
Next of Kin or Significant Other				
(1) Name:				
Tel No:				
Address:				
(2) Name:				
Tel No:				
Address:				

Any Other Agency Involved	
Name:	
Tel No:	
Address:	

Name of referee who will support this application	
Name:	
Address: (including postcode)	
Organisation (if applicable):	
Tel Nos: Landline:	Mobile:
Email:	
Position / Relationship:	

Does the applicant (S) have any cultural, ethnic, religious or other specific needs?				
Yes			No	
<i>If yes, please give details:</i>				

Does the applicant (s) have any physical disability, accessibility and/or additional health needs?				
Yes			No	
<i>If yes, please give details:</i>				

Please describe any physical or other adaptations which may be required to enable the applicant to use or access this service (including any reasonable adjustments under the Disability Discrimination Act 1995)

To enable us to process the application promptly, please ensure that all documentation included in support of this application is current and the most up to date available.

Failure to provide this information will delay the application.

Sir Josiah Mason Trust expects that by signing this form you are declaring that all relevant information has been included in the above statements and all relevant and current documentation is included in support of this application. You also confirm that you are happy for this information to be shared with us and that we can contact those people detailed in this referral for further information, if necessary, to support your application.

Referrer's signature (where applicable)

Signed:

Date:

Print Name:

Applicant's signature

Signed:

Date:

Signed:

Print Name:

Print Name:

Please complete our Equality Monitoring Form and Right to Rent Form and return it together with this form.

Equality & Diversity Monitoring Form

Sir Josiah Mason Trust is committed to the implementation of its Equality & Diversity Policy in all aspect of our work. Completion of this form will assist us to identify any minority needs which may help to improve the service we deliver.

As part of our Referral Process, all applicants are asked to complete this monitoring form and return it with the application form.

Title:	Mr / Mrs / Miss / Ms / Dr / Other
Surname/ Family Name:	
Forename(s):	
Gender:	Male / Female
Date of Birth:	

Please tick the boxes that you feel most comfortable with. If you do not feel any of the boxes are appropriate, please tick 'other' and describe in your own words. (✓)

Cultural Background:

White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistan <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed
Chinese or Other Ethnic Group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other	Undisclosed <input type="checkbox"/> Do not wish to answer

Disability and Mental Health

Do you consider yourself to have a sensory, learning or physical disability?	Yes / No
Do you consider yourself to have a disability related to your mental health?	Yes / No
Have you used mental health services?	Yes / No

Religion and Belief

<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> No Religious Belief
<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Other <input type="checkbox"/> Do not wish to answer

Sexual Orientation

<input type="checkbox"/> Bi sexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Do not wish to answer
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Data Protection

The information will be kept in a database in accordance with the provisions of the Data Protection Act 1998 (which allows for sensitive personal data to be held where necessary to monitor organisations Equality & Diversity Policy). Access to information that identifies individuals will be strictly restricted and used only for implementation of equal opportunities policies.

**Please return all completed forms to: Sir Josiah Mason Trust, Head Office,
Hillborough Road, Olton, B27 6PF**