



Registered Charity No. 297806 Company No. 2164150

Application Form

Part 1 To be completed by the APPLICANT

Thank you for your interest in the Julian Housing Project. Please read the following information before completing the application form.

What is the Julian Housing Project?

Julian Housing provides supported accommodation in the community for homeless people moving back towards independent living. It is important to state at the outset that Julian Housing is not permanent accommodation. Our residents typically stay for a period of about 12 months. During those 12 months, Julian Housing Support Workers provide practical and emotional support to all our residents. Therefore it is important to have achievable goals that you can work towards with our support that will help you live more independently after your time with Julian Housing. We will endeavour to support you in obtaining suitable move-on accommodation at the end of your stay.

Each resident is assigned a Julian Housing Support Worker. The aim of the support is to enable residents to address their needs and move on to live independently in the community. This is achieved by regular key-working sessions and by each resident writing their own plan of action in collaboration with their support worker, i.e. what they would like to achieve whilst on the project, how they will go about achieving it and who will support them.

Julian Housing does not allow the use of illegal substances on the project.

Julian Housing does not accept applications from those who have used drugs on a regular basis within the last 3 months.

Why an application form?

The application form is an opportunity for us to get to know you, understand a little more about your current situation and background, and determine whether or not Julian Housing will be able to offer you the kind of accommodation and support that you are looking for. Please therefore be open and honest in your responses to the questions, so we can be aware of all your needs.

The application form focuses on two main areas. The first part is for you to tell us what you consider your needs to be, how you would go about addressing those needs and what type of support you feel would be necessary. The second part is to help us get a better idea of your current situation and whether we can adequately support you. We realise that some of the questions may be difficult and uncomfortable to answer but we do ask you to give as much detail as you can. If, however, you are really struggling and you feel that there is someone else we can contact who will be able to provide the information please include their name and contact details. Please remember that any answers on your application that are found to be false once you have moved in may, under the terms of the licence, result in you losing your accommodation on the Project.

Confidentiality

The only people who will read the application form are Julian Housing staff members and the referring agency – no one else will see your application. The only exception to this is where yourself, staff, clients or members of the public are believed to be seriously at risk. In these circumstances information will be given on a need to know basis.

If you need help to fill out this form on your own, please feel free to get some help with it, perhaps from a friend, or

a support worker you may currently be working with. If someone does help you, it is important that the answers given remain your own.

The following information is needed so that the Julian Housing Project can assess whether it is a suitable project to meet your current accommodation requirements and support needs. To help us in this assessment, please be as honest and open as you can in your answers; all information will be treated in the strictest of confidence.

Applicant's Details

Name:

Age:

Date of Birth:

Gender: M / F

Current Address:

Contact Telephone Number:

National Insurance Number:

Current Benefits, including Housing Benefit (if any):

Is anyone helping you to complete this form? Y / N

If Yes, please give:

1. Name and contact details of person helping

2. Reasons why they are helping and their relationship to you

Section 1: Why Supported Accommodation?

What are your reasons for applying to Julian Housing?

What support would you be looking for from Julian Housing?

Please indicate your current experience of the following list of possible needs (✓)

Possible Need	No Problem	Can Usually Manage	Would like Support
Reading/ writing/ maths			
Filling in Forms			
Making Telephone Calls			
Budgeting			
Rent Arrears/ debts			
Gambling			
Shopping			
Cooking			
Cleaning/ Laundry			
Accessing Training/ Education			
Getting a Job			
Health Care for Yourself			
Making Friends			
Improving Confidence			
Dealing with arguments			
Harassment/ Intimidation			
Anger issues			
Personal Hygiene			
Sustaining a tenancy			
Anything Else? (Please specify)			

1.2 Other Support

Please list other people/ agencies involved in your support

Support Network	Please Tick	Name	Contact Details
Family			
Friends			
Doctor (GP)			
CPN			
Psychiatrist			
Counsellor			
Social Worker			
Support Worker			
Substance Misuse Worker			
Probation Officer			
Other (please specify)			

Do you have a dog, cat or other domestic animal that would need to be accommodated with you? Y / N

If Yes, please give some details:

Section 2: Previous Accommodation

Please give details of your last 3 addresses before your current address (inc. periods of NFA)

	Date From	Date To	Address	Reason for Leaving
1.				
2.				
3.				

Have you experienced difficulties with rent arrears in the past? Y / N

If Yes, please give details:

Please give a brief outline of what led to you becoming homeless

Section 3: Your Skills, Interests and Plans

3.1 Your Skills

Please tell us about any training or qualifications you have:

Please describe any skills or strengths that you have:

Please tell us about any previous/ current employment:

3.2 Your Interests and Plans

Please list any interests that you have:

Please tell us about any past achievements or things you are proud of:

Please describe any hopes/ plans you have for the future:

1. in the coming year

2. in the longer-term

Section 4: Your Health

Please give details of your current GP:

Name:

Tel. Number:

Surgery:

4.1 Physical Health

Do you have any physical health problems? Y / N

If Yes, please give details:

Do you consider yourself physically disabled? Y / N

If Yes, please give details:

Do you have learning difficulties?

Are you currently on any medication? Y/ N

If Yes, please give details:

Are you ok with taking your medication and collecting prescriptions?

4.2 Mental Health

Do you have any mental health problems? Y / N

If Yes, please give details:

What happens when you start to feel unwell?

Have you ever suffered from or been diagnosed with any of the following? Please tick (✓)

Anxiety		Depression		Stress		Drug-induced Psychosis	
Manic Depression		Personality Disorder		Schizophrenia		Other? (Please specify)	

Please tell us about any support you have received for mental health

Are you currently on any medication? Y/ N

If Yes, please give details:

Are you ok with taking your medication and collecting prescriptions?

Have you ever been sectioned under the Mental Health Act?

Have you ever self-harmed or attempted suicide?

Section 5: Substance Misuse

5.1 Drugs

Have you used any illegal drugs in the past 3 months? Y/ N

If Yes, please give details:

1. What have you used?
2. How often?
3. Is this level of use a problem for you?

Are you currently on a Script (e.g. Methadone, Subutex etc.)? Y/N

If Yes, please give details including dosage:

Have you used illegal drugs in the past? Y/ N

If Yes, please give details:

1. What did you use?
2. How long did you use for?
3. When did you last use?

Please give details of support around drug use you have received (if any):

5.2 Alcohol

Do you drink alcohol at the present time? Y / N

If Yes, please give details:

1. Do you have a drink every day? Y / N
If Yes, how much?
2. Approximately how much alcohol do you drink per week?
3. Is this current level of drinking a problem for you?

Has alcohol ever been a problem in the past? Y / N

If Yes, please give details:

Are you currently or have you ever received support for alcohol misuse? Y / N

If Yes, please give details:

6. Offending

Have you ever been convicted of any of the following?

	YES	NO	Date(s) of Conviction	Details of offence
Theft				
Violence				
Arson				
Sexual offence				

Have you ever been convicted of any other criminal offence? Y / N

If Yes, please give details, including dates:

Are you currently or have been on any Probation or other Court Order? Y / N

If Yes, please give details:

Do you have a probation officer? Y / N

If Yes, please give their name and contact details:

What do you feel could put you at risk of re-offending (if anything)?

7. Anything Else

Please use this space if there are any significant life events or experiences that you want to tell us about, or anything else in support of this application.

Please continue on a separate sheet as necessary

8. Disclosure of Information and Validation of the Application

Thank you for completing this application form.

Please sign below to confirm that

- a) **the information that you have given is true, to the best of your knowledge**

Please note that if you have made any statements on this application that are found to be false once you have moved in, under the terms of the licence you may lose your accommodation at Julian Housing.

AND

- b) **that you hereby give permission for Julian Housing support staff to contact other agencies and access information about you that is relevant to your application and if accepted, continued support whilst on the project.**

Signature of Applicant.....

Please Print Full Name:.....

Date:.....

11. Equal Opportunities Monitoring Form

Equal opportunities

You *do not* have to fill in this part of the form, but if you do it will help us to make sure that everyone has fair and equal access to our services.

Please tick that which you feel best describes you:

Ethnic Origin

White British		White Irish		White Other	
Black British		Black Caribbean/African		Black Other	
Asian British		Indian/Pakistani/Bangladeshi		Asian Other	
Chinese		Gypsy/ Traveller			
Other (please specify)				Decline to disclose	

Gender

Male Female

What happens next?

Once we have received and read through your application form, and the corresponding form from the referring agency, we will assess whether we believe that we may be a suitable project to meet your needs.

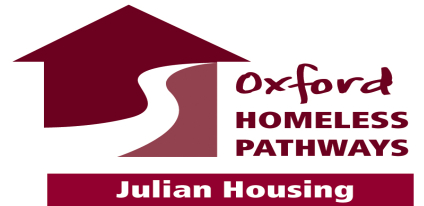
If this is the case, we will invite you to the project for an informal 'Coffee Meeting' to have a look round, find out a bit more about Julian Housing, meet some of the staff, and have any of your questions answered.

Following the Coffee Meeting, if you are still interested in proceeding with the application and we continue to believe that we might be a suitable project for you, we will invite you for an interview.

The interview will be an opportunity for us to go into more depth on the issues raised on your application form and references, and to ask you any further questions appropriate to assessing the suitability of Julian Housing to meet your needs.

If after the interview we decide that our project can adequately support your needs, we will usually make a formal offer of a place at Julian Housing. Occasionally we will need further information prior to making a decision, but we will inform you of this at the time if necessary.

Alternatively, if we conclude that we are not in a position to meet your current accommodation and support needs, we will let you know as soon as possible, and endeavour to suggest alternative avenues of accommodation/ support to consider.



Registered Charity No. 297806 Company No. 2164150

Part 2 To be completed by the REFERRING AGENT

Before completing this section of the Application Form, please read the accompanying Referrer Guidelines.

The following information is needed so that the Julian Housing Project can assess whether it is a suitable project to meet the current accommodation requirements and support needs of the applicant. To facilitate this process, please provide as much information as possible to enable us to make an informed decision; all information will be treated in the strictest of confidence. Please note that insufficient information will result in the application process being delayed or closed. For any queries or comments, please contact the team at Julian Housing Project (PO Box 177, Luther St, Oxford OX1 1SF. Tel. 01865 201992).

Applicant's Details

Applicant's Name:

Date of Birth:

Age:

National Insurance Number:

Current Benefits, including Housing Benefit (if any):

Referring Agent's Details

Referrer's Name:

Relationship to applicant:

How long have you know the applicant?

Job Title:

Agency:

Contact Details:

Telephone:

Email:

Address:

Have you, or has anybody else, to your knowledge, helped the applicant to fill out their section of this form?
Y/N/ don't know

If yes please give details and reasons:

Section 1: Support

Please give a brief outline of the applicant's current situation and reason for referral to Julian Housing

What areas of support would you consider the applicant would benefit from at Julian Housing?

Please outline the circumstances which led to the applicant becoming homeless

1.2 Your support of the Applicant

How does the applicant respond to support?

In your experience, what motivates the applicant?

How effectively does the applicant communicate their needs and feelings?

How well does the applicant keep appointments?

1.3 Other Support

Please give names and contact details of any other people/ agencies involved in supporting the applicant

Section 2: Accommodation History & Finances

Applicant's Current Address:

Date moved in:

To the best of your knowledge, is the applicant's accommodation history accurate and correct?

Y/ N/ don't know

If No/ don't know, please give details:

Does the applicant have a history of rent arrears?

Has the applicant ever been evicted from previous accommodation? Y/ N/ don't know

If Yes, please give details:

Has the applicant abandoned previous accommodation? Y/ N/ don't know

If Yes, please give reasons:

Does the applicant have any problems with gambling?

Is the applicant currently in debt? Y/ N/ don't know

If Yes, please give details:

Section 3: Health

3.1 Physical Health

From a support perspective, does the applicant have any physical health issues? Y/ N/ don't know

If Yes, please give details:

Is the applicant on any medication for physical health issues? Y/ N/ don't know

If Yes, please give details:

Is the applicant able to manage their medication for themselves?

Does the applicant have learning difficulties? Y/ N/ don't know

If Yes, please give details:

3.2 Mental Health

Does the applicant have any mental health problems? Y/ N/ don't know

If Yes, please give details and any known diagnosis:

Is the applicant on any medication for mental health issues? Y/ N/ don't know

Please give details:

Is the applicant able to manage their medication for themselves?

Has the applicant ever received, support for mental health issues? Y/ N/ don't know

If Yes, please give details of support agency, nature of support, and dates:

Has the applicant ever been sectioned under the Mental Health Act or admitted to hospital for mental health issues? Y/ N/ don't know

If Yes, please give details of Section(s) and dates:

Does the applicant have a history of self-harm or suicide attempts? Y/ N/ don't know

If Yes, please give details:

Section 4: Substance Misuse

4.1 Drugs

Is the applicant currently using illicit drugs (including cannabis)? Y/ N/ don't know

If Yes, please give details:

Drug(s) used:

Frequency of use:

Please give details of any support for drug use the applicant is currently accessing:

Does the applicant have a history of using illicit drugs? Y/ N/ don't know

If Yes, please give details:

Drug(s) used:

Length of use and frequency:

Date last used:

Please give details of any support the applicant has received for past drug use, including detox and/or rehab:

4.2 Alcohol

Is the applicant currently using alcohol? Y/ N/ don't know

If Yes, please give details:

Quantity and type of alcohol drunk:

Frequency of use:

Please give details of any alcohol support that the applicant is currently accessing:

Does the applicant have a history of alcohol misuse? Y/ N/ don't know

If Yes, please give details, including dates:

Please give details of any support the applicant has received for past alcohol use, including detox and/or rehab:

Section 5: Behaviour and Offending

5.1 Offending

Has the applicant ever been convicted of any of the following?

	Please Tick (✓)	Date(s) of Conviction	Details of offence
Theft			
Violence			
Arson			
Sexual offence			

Please give details of any other criminal convictions, probation or court orders received by the applicant, including dates

Please say whether you believe that the applicant is at risk of re-offending, with reasons for your answer

5.2 Social Skills

Does the applicant have a history of aggressive or violent behaviour? Y/ N/ don't know
If Yes, please give details:

Please give details of any concerns you have regarding the applicant's ability to get on with other residents living in a shared house.

Is the applicant vulnerable to harassment? Y/ N/ don't know
If Yes, please give details:

How do you assess the applicant's ability to be assertive with friends, visitors etc.?

Has the applicant ever been involved in the ASBO process (e.g. Antisocial Behaviour Agreement, Antisocial Behaviour Contract, full ASBO etc.)? Y/ N/ don't know
If Yes please give details

Section 6: Anything Else

Please give details of any other risks or concerns relating to the applicant not covered above. Please also use this section to tell us anything else in support of this individual for second stage supported housing

Please list any additional information or reports you are attaching to this application (e.g. the applicant's current support plan with your service, List of Previous Convictions, Pre-sentence Report, CPA etc.)

References

Please support the applicant to provide with this application two references using the Reference Questionnaires attached: one from the applicant's current GP, the other from their previous accommodation provider.

Please tick the boxes below to confirm that you are submitting a complete application

Part 1: Pages 2-10 To be completed by the Applicant

Part 2: Pages 1-8 To be completed by you the Referrer

Part 3: Pages 1-2 To be completed by a GP

Part 4: Pages 1-2 To be completed by a previous accommodation provider

Section 7: Declaration

Please sign below to confirm that the applicant is aware that you have shared this information with us and that the information you have given is correct, to the best of your knowledge.

Referrer's Signature: _____

Referrer's Name: _____

Date: _____

Thank you for your referral to the Julian Housing Project.

Please return to:

Julian Housing Project
PO Box 177
Luther St
Oxford OX1 1SF

T: 01865 201992
F: 01865 251202

CONFIDENTIAL JULIAN HOUSING MEDICAL REFERENCE

To be filled out by Applicant's GP. Please return this reference to the Applicant's REFERRER

NAME OF APPLICANT

DOB:

Date Applicant first registered with practice:

PHYSICAL HEALTH

Please outline any physical health concerns or risks to the above-named applicant

MENTAL HEALTH

Please outline any mental health diagnosis, concerns or risks to the applicant

Has the applicant ever been assessed or sectioned under the Mental Health Act?

Does the applicant receive any additional medical support from specialist services (e.g. psychiatrist, CPN, Complex Needs Service, counsellor etc.)?

MEDICATION

Please list any medication currently prescribed for the applicant and state associated conditions

SELF-HARM / SUICIDE

Does the applicant have a history of self-harm/ suicide attempts?

Are there any present concerns regarding potential self-harm or suicide risk?

VIOLENCE / AGGRESSION

Does the applicant have a history of or presently exhibit violent or aggressive tendencies?

ANY OTHER ISSUES? Please also use this section to tell us anything else in support of this individual for second stage supported housing.

REFEREE DETAILS

NAME

MEDICAL PRACTICE

ADDRESS

TEL

SIGNED

DATE

CONFIDENTIAL JULIAN HOUSING ACCOMODATION REFERENCE

Please return this reference to the Applicant's REFERRER

NAME OF APPLICANT

DOB:

Dates Applicant was accommodated by you:

What is your relationship to the applicant?

SUPPORT

Did the applicant receive any support from your organisation during his/her stay with you? If support was offered, how did the applicant respond to that support?

VULNERABILITY

Would you consider the applicant to be vulnerable to intimidation and/or exploitation from other residents or associates?

Were there any incidents of intimidation, bullying or exploitation perpetrated against the applicant during his/her stay with you? If so, please give details

FINANCES

Please comment on the applicant's payment history for rent and/or service charge whilst staying with you.

WARNINGS

Did the applicant receive any warnings or bars during their stay with you? If so, please give details.

ANTI-SOCIAL BEHAVIOUR

Please outline any concerns you had or incidents that you were aware of around violence, aggression and /or antisocial behaviour perpetrated by the above-named applicant during his/her stay at your accommodation.

MOVING ON

Please outline the circumstances that led to the applicant leaving your accommodation.

ANY OTHER ISSUES? Please also use this section to tell us anything else in support of this individual for second stage supported housing.

REFEREE DETAILS

NAME

AGENCY

ADDRESS

SIGNED

DATE