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| HELP BRISTOL’S HOMELESS Charity No 1181386  Help Bristol’s Homeless, Spring Street, Bedminster, BS3 4PZ |
| Help Bristol’s Homeless Accommodation Application Form |
| Completed forms should be sent by email to: contact@helpbristolshomeless.org |

**Before completing this application form, please read the following information carefully. We want to be sure that you fully understand what Help Bristols Homeless (HBH) is and how we might be able to support you.**

**About HBH**

We offer support for rough sleepers, and the homeless in a number of ways including emergency overnight shelter, night-time and daytime support, and longer term container micro flat living. We believe in a housing first solution for homelessness and our main aim is to provide that in a micro flat village, with supported living. Whether you are looking to use our 360Winx bus for a one night supported stay or a longer period of accommodation, please see the questions sections and complete all of the form as best you can.

We support people who are homeless or experiencing social exclusion by offering a safe, warm , secure place for the night, or longer. Following on from that, we offer support for individuals to turn their lives around. We operate a drink and drugs free zone. We have a small community of residents who live and work together for the HBH vision as a whole. Help Bristol’s Homeless is a non religious organisation and we welcome people from all faiths and backgrounds.

There is up to a 12 month limit to how long you can stay with HBH micro flat living, whilst we support you moving on, as long as you agree to take part in community life and follow a few simple rules. This aims to help you to brush up the skills you might not have used for a while, gain new skills and experience and move forward with your life in a positive way.

360Winx is an over-night facility, however there is flexibility as to how many nights a guest can return, not more than two consecutive nights, or days, dependant on availability and conduct. At quiet times, we can accommodate you longer, subject to our discretion, and for stays longer than 4 weeks you will then agree to a weekly £10 services charge.

**What can I expect?**

Random searches of belongings may be conducted.

At our HBH site, residents each have their own converted container micro flat, fully equipped as self contained living. During the day, residents are encouraged to work with us to access all the support they need to get back on their feet. This includes developing a work ethic by helping out with HBH projects such as converting containers or preparing meals in the kitchen or whatever their skill set might be. We access outside help to develop new skills and training as appropriate. Residents are not charged for using our services until they are able to do so either through benefits or work, and we do all we can to facilitate that as soon as possible. Residents sign a Licence Agreement with us which details expectations from both sides.

Guests on 360Winx each have their own bed space for the night, with lockable storage, and are expected to shower and eat before bedding down. During the day, guests will be signposted to available help and offered a variety of support depending on needs. Guests will not be charged for using our support (exception is shown above). Rules for conduct whilst on our site are explained and displayed. HBH reserve the right to allow or deny entry to any individual dependant on a breach of the guidelines.

The entire site is a ‘dry zone’, no alcohol or drugs are permitted with a zero tolerance policy in place. We cannot accommodate dogs. There is a quiet time rule in place for the benefit of all guests and residents on site.

Once on the bus we ask that residents remain on the bus unless to use the toilet/bathroom/showers or laundry. We also express that 360Winx residents are not to enter the microflats without authorization from a member of the HBH team.

The following questions will help us to find out a bit more about you, and the information enclosed and available on our website [www.helpbristolshomeless.org](http://www.helpbristolshomeless.org) will help you find out more about us.

After sending in the form, if we have a place available and feel that we can help you we will invite you in for an informal interview and trial day so that you can see what HBH is like before committing, and we can check whether we will be able to support you

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| **Personal Details** | | | | | | | |
| **Name of Applicant:** | |  | **Gender:** | |  | | |
| **Date of Birth:** | |  | **National Insurance Number:** | |  | | |
| **Phone Number:** | |  | **Email:** | |  | | |
| **County of Birth :** | |  | **Are you eligible for housing benefit:** | | **Yes** | **No** | |
| **Resident in the UK since :**  **Resident in Bristol since:** | | | | **Have you claimed housing benefit anywhere else (If yes please give details)** | | | |
| **Next of Kin:** | |  | **Next of Kin**  **Contact Details:** | |  | | |
| **Name, position and contact details of referring officer (if any)** | | | | | | | |

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| **Current Housing Situation** | | | | | | | | | | | | | | | | |
| Sleeping Rough | |  | | | | Social Housing: | |  | | | Private Rent | |  | | | |
| Hostel | |  | | | | Facing Eviction | |  | | | Eviction Date? | |  | | | |
| Sofa surfing | |  | | | | Long Stay Hospital | |  | | | Family home: | |  | | | |
| Prison | |  | | | | Other (give | |  | | | | | | | | |
| **Where are you currently located- address/site/town?** | | | | | | | | | | | | | | | | |
| **Skills and qualifications – briefly tell us about your most recent job or voluntary role, your skills, what you enjoy doing and your ambitions for the future.** | | | | | | | | | | | | | | | | |
| ***Two Year Housing History*** | | | | | | | | | | | | | | | | |
| Start date | End date | | | | Address | | | | | Type of accommodation | | Reason for ending | | | | |
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| **Has the applicant ever lived in a social supported community?** | | | | | | | | | | | | | | | | |
| Community | | | From | | | | To | | Reason for leaving | | | | | | | |
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| **Please give any other support workers / organisations currently helping you with your accommodation needs.** | | | | | | | | | | | | | | | | |
| **1** Support Worker | | | |  | | | | | | | | | | | | |
| Organisation | | | |  | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
| Phone Numbers | | | |  | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | |
| **2** Support Worker | | | |  | | | | | | | | | | | | |
| Organisation | | | |  | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
| Phone Numbers | | | |  | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | |
| **3** Support Worker | | | |  | | | | | | | | | | | | |
| Organisation | | | |  | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
| Phone Numbers | | | |  | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | |
| **4** Support Worker | | | |  | | | | | | | | | | | | |
| Organisation | | | |  | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
| Phone Numbers | | | |  | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | |
| **Physical Health Issues** | | | | | | | | | | | | | | | | |
| Does the applicant have any physical health issues? If yes please give details below- include diagnosis, treatment and ability to self-medicate. | | | | | | | | | | | | | | **Yes** | | **No** |
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| Does the applicant have any physical disability? If yes please give details below – include accessibility requirements | | | | | | | | | | | | **Yes** | | | **No** | |
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| Does the applicant have any allergies? If yes please give details below- including severity, treatment and ability to self- medicate. | | | | | | | | | | | | **Yes** | | | **No** | |
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| Does the applicant have any special dietary needs? If yes please give details below. | | | | | | | | | | | | **Yes** | | | **No** | |
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| Please list any current medication below. | | | | | | | | | | | | | | | | |
| Name of Medication | | | | | | Dosage | | | | | Side Effects | | | | | |
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| Can the applicant climb the stairs? | | | | | | | | | | | | **Yes** | | | **No** | |
| Is the applicant fit enough to consider volunteering for HBH? | | | | | | | | | | | | **Yes** | | | **No** | |

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| ***Mental Health*** | | | | | | | | | | |
| Does the applicant have any mental health issues | | | | | | **Yes** | | **No** | | |
| Please indicate below the nature of these issues and any diagnosis. | | | | | | | | | | |
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| Please give details of any known trigger(s) for episodes of the above | | | | | | | | | | |
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| Please give details of any mental health service applicant is engaged with | | | | | | | | | | |
| Contact Name | Service | | | Phone number | Address | | | | | |
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| **Drug use** | | | | | | | | | | |
| Please tick any drug/substance that you have ever used recreationally | | | | | | | | | | |
| Cannabis – any form | | |  | Methadone, Subutex, other Opioid substitute | | | | | |  |
| Cocaine | | |  | Heroin | | | | | |  |
| LSD | | |  | Ecstasy or other MDMA variant | | | | | |  |
| Amphetamines | | |  | Ketamine | | | | | |  |
| Any NPS ‘ Legal Highs’ | | |  | I have never used any drugs | | | | | |  |
| Others – please specify | | | | | | | | | | |
| *Please tick any drug / substance that you use regularly* | | | | | | | | | | |
| Drug | | Age Started | | Length and frequency of use | Length of time clean | | | | | |
| Cannabis | |  | |  |  | | | | | |
| Cocaine | |  | |  |  | | | | | |
| Crack | |  | |  |  | | | | | |
| Heroin | |  | |  |  | | | | | |
| LSD | |  | |  |  | | | | | |
| Ecstasy, MDMA or other variant | |  | |  |  | | | | | |
| Amphetamines | |  | |  |  | | | | | |
| Ketamine | |  | |  |  | | | | | |
| Mephedrone | |  | |  |  | | | | | |
| Magic Mushrooms | |  | |  |  | | | | | |
| NPS Legal Highs | |  | |  |  | | | | | |
| Spice | |  | |  |  | | | | | |
| Other | |  | |  |  | | | | | |
| **Previous treatment for drug use** | | | | | | | | | | |
| **Treatment received** | | **Agency** | | | | | **From** | | **To** | |
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| **Current treatment for drug use** | | | | | | | | | | |
| **Treatment received** | | **Agency** | | | | | **From** | | **To** | |
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| Any known triggers for drug use or relapse? | | | | | | | | | | |
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| **Alcohol use** | | | | | | | | | | | | | | | | | |
| Describe what you drink in a typical week and how many units. | | |  | | | | | | |  | | | | | | | |
| Has alcohol ever caused any of the following problems in your life? | | | | | | | | | | | | | | | | | |
| Relationship breakdown | | | | | |  | | | Victim of violence | | | | | |  | | |
| Debt | | | | | |  | | | Aggression | | | | | |  | | |
| Eviction | | | | | |  | | | Hospital admission | | | | | |  | | |
| Loss of job | | | | | |  | | | Cirrhosis | | | | | |  | | |
| Offending | | | | | |  | | | Pancreatitis | | | | | |  | | |
| Other – please specify | | | | | | | | | | | | | | | | | |
| Have you ever sought or been advised to seek help for alcohol abuse? | | | | | | | | | | | | | Yes | | No | | |
| **Previous treatment for alcohol use** | | | | | | | | | | | | | | | | | |
| **Treatment Received** | | | | | | | | **Agency** | | | | **From** | | | **To** | | |
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| **Current treatment for alcohol use** | | | | | | | | | | | | | | | | | |
| **Treatment Received** | | | | | | | | **Agency** | | | | **From** | | | **To** | | |
|  | | | | | | | |  | | | |  | | |  | | |
| Do you have any triggers for binge drinking / excessive alcohol use? –  If yes please give details below | | | | | | | | | | | | Yes | | | No | | |
|  | | | | | | | | | | | | | | | | | |
| Do you have a family history of alcohol abuse?-  If yes please give details below. | | | | | | | | | | | | Yes | | | No | | |
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| HBH expects guests and residents who have a history of alcohol abuse to be prepared to address this problem and will work with them to do so. Whilst on site, HBH expects residents and guests to be **dry/clean at all times**. Should a resident or guest arrive on site under the influence of alcohol or drugs, HBH retain the right to refuse entry to the site. Residents who have signed the Licence Agreement will subsequently be subject to the warning procedure and policies. Bus Guests will be asked to vacate immediately if found in possession of drink or drugs. | | | | | | | | | | | | | | | | | |
| **Gambling History** | | | | | | | | | | | | | | | | | |
| Have you gambled in the past? – if yes please give details below. | | | | | | | | | | | | Yes | | | No | | |
|  | | | | | | | | | | | | | | | | | |
| Do you receive any help/support to abstain from gambling? | | | | | | | | | | | | Yes | | | No | | |
| Who by? | | | | | | | | | | | | | | | | | |
| Has gambling ever caused of the following problems in your life? | | | | | | | | | | | | | | | | | |
| Relationship breakdown | | | | | | | |  | Victim of violence | | | | | | |  | |
| Debt | | | | | | | |  | Offending | | | | | | |  | |
| Eviction | | | | | | | |  | Mental health problems | | | | | | |  | |
| Loss of job | | | | | | | |  | Other – please specify | | | | | | |  | |
| **Offending history** | | | | | | | | | | | | | | | | | |
| Criminal Convictions -if yes please give details. | | | | | | | | | | | | | | Yes | | No | |
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| Probation Orders – if yes please give details including Probation office and named office | | | | | | | | | | | | | | Yes | | No | |
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| Outstanding Court Appearances / warrants – if yes please give details | | | | | | | | | | | | | | Yes | | No | |
|  | | | | | | | | | | | | | | | | | |
| Cautions- if yes please give details | | | | | | | | | | | | | | Yes | | No | |
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| *Arson (that may or may not have resulted in a criminal conviction)- if yes please give details* | | | | | | | | | | | | | | Yes | | No | |
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| *Violence(That may or may not have resulted In a criminal conviction)- if yes please give details* | | | | | | | | | | | | | | Yes | | No | |
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| *Sexual offences - if yes please give details* | | | | | | | | | | | | | | Yes | | | No |
|  | | | | | | | | | | | | | | | | | |
| On sex offenders register *- if yes please give details* | | | | | | | | | | | | | | Yes | | | No |
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| **Financial History** | | | | | | | | | | | | | | | | | |
| Are you currently claiming any benefits | | | | | Yes | | No | | Please detail | | | | | | | | |
| Debts | | | | | | | | | | | | | | | | | |
| Amount Owed | | | | For what | | | | | To whom | | Since year | | | | | | |
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| **Confidentiality** | | | | | | | | | | | | | | | | | |
| HBH respects your confidentiality, any information provided will only be used to assist in the risk assessments, needs assessment and selection process.  I agree that the information provided is true and correct. I acknowledge that by giving information which I know to be false I may be at risk of my license to occupy being withdrawn and/or my place on 360Winx to be withdrawn.  **Signature of applicant:**  **Date** | | | | | | | | | | | | | | | | | |
| **Referees** | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | **Relationship** | |  | | | | | | |
| Contact details – please include mobile and office numbers, email and business or personal address. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | **Relationship** | |  | | | | | | |
| Contact details – please include mobile and office numbers, email and business or personal address. | | | | | | | | | | | | | | | | | |
| |  | | --- | | **Declaration** | | **I confirm that I have read the above information and understand that to live or stay at Help Bristol’s Homeless site I would be expected to follow the guidelines and codes of conduct. Having read and understood I would like to submit my application.**  *The information which you give when completing you recruitment form will be used in accordance with the General Data Protection Regulation and for the following purposes: to enable the organisation to create an electronic and paper record of your application; to enable the application to be processed; to enable the organisation to compile statistics, or to assist Help Bristol’s Homeless to do so, provided that no statistical information that would identify you as an individual will be published. The recruitment form will be kept securely for 6 months if you are not offered a place and any electronic data will be anonymised after 6 months.* | | | | | | | | | | | | | | | | | | |
| **Consent Disclosure** | | | | | | | | | | | | | | | | | |
| If the referral is being returned via email please note that once this section has been completed, **pages 11 and 12 should be printed, signed, scanned and returned with the completed referral.** Please retain the original, should it be required in the future.  Date  Name:  Date of birth:  NI number:  I give my permission to disclose my information to Help Bristol’s Homeless  I give my consent for HBH to contact any relevant agencies regarding myself in the best interest of myself and the Help Bristol’s Homeless community.  It is understand that this may also include checks with the Police or Probation.  Sign: (Applicant)  Sign: (On behalf of Referral Agency)  Date: | | | | | | | | | | | | | | | | | |