

COMMUNITY HOST SCHEME APPLICATION FORM

SOUTH LONDON



PERSONAL INFORMATION

Mr/Mrs/Ms/Other	Previous surname
Full Name	Date changed
Address	Telephone numbers Home:
How long have you lived at this address	Work: Mobile:
Date of birth	National Insurance Number Occupation
Employers details	Do you work
Name	Full time / Part time <input type="checkbox"/> Nights <input type="checkbox"/>
Address	Shifts <input type="checkbox"/> Weekends <input type="checkbox"/>
Telephone	Voluntary work <input type="checkbox"/>
What are your interests and leisure activities	
Are you on benefits (please list)	
Why are you applying to be a community host	
What qualities do you have that is relevant to this role	
How would you define your sexuality	Do you have any disability, if so please give details
What do you understand by the term equal opportunity	

ABOUT YOUR HOME

<p>Do you own the property that you live in?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Is the property freehold /leasehold/ shared ownership?</p> <p>Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Shared ownership <input type="checkbox"/></p>	
<p>Do you pay a mortgage?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Do you have permission to rent out part of your property?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Are you in mortgage arrears?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you rent your property?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please provide the name and address of your landlord</p> <p>Name</p> <p>Address</p> <p>Telephone Number</p>		
<p>Do you have rent arrears</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>How many rooms are in your home</p>	<p>Of those, how many are bedrooms</p>
<p>Please describe accessibility to your front door.</p>		
<p>Please describe accessibility to the young person's room.</p>		
<p>Which communal areas and facilities in your home can the young person share?</p>		
<p>Please give details of local amenities near your home e.g. public transport, shops, colleges, jobcentre, recreation</p>		
<p>Do you smoke in the house</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Do other members of your household smoke in the house</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Can the young person smoke in your house</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PLEASE TELL US ABOUT OTHER PEOPLE LIVING IN YOUR HOME

Name	Date of birth	Relationship to you	Gender	Ethnic Origin	Occupation
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		
			M / F		

<p>Is any member of your household disabled or has a medical condition which will affect your ability to fully support a young person</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Please tell us about other people who live in your house hold on a part time basis</p>
<p>Please tell us about frequent visitors who would have unsupervised access to a young person placed with you</p>	
<p>Do you have children who do not live with you</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so please give details</p>	
<p>Does anyone in your household have a criminal convictions</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Do you keep pets</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so please give details</p>
<p>How long have you had the pet/s for</p>	<p>Can a young person keep a pet in your home</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

ABOUT YOU

<p>Have you ever applied to be a carer before</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes give the date</p> <p>Where applied to</p>	<p>Have you ever applied to be a foster carer before</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes give the date</p> <p>Where applied to</p>
<p>Have you ever applied to adopt a child before</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes give the date</p> <p>Where applied to</p>	<p>Have you ever applied to be a childminder before</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes give the date</p> <p>Where applied to</p>
<p>Do you have a current CRB check</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, is it enhanced</p>	<p>Have you any qualifications or training that are relevant to supporting a 16/17 year old.</p>
<p>What experience, skills, abilities and knowledge do you have that will enable you to support a young person</p>	
<p>Have you or anyone in your household been homeless before</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so please state details</p>	<p>Have you or anyone in your household lived in a hostel or bed and breakfast before</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so please state details</p>
<p>What would you consider to be good behaviour from a young person</p>	
<p>What would you consider to be bad behaviour from a young person</p>	
<p>Gender of young person you would prefer to take and why</p>	
<p>What is the name of your GP</p> <p>Address</p>	<p>Telephone Number</p> <p>How long have you been with this doctor</p>

Please Use this section to state what you think the issues of young people living with community hosts would be and how would you support a young person.

Please use this space to list your previous addresses since reaching 18 years

Please use this page to tell us about your education and list all schools attended and further education

Employment details since leaving school (please include the organisation, your position, department)

Please give names and addresses of three people who know you well but not family members who we can contact to obtain references about your ability to care for a young person; one of these must know you on a professional level.

Name

Address

Tel:

Their relationship to you

How long you have know them

Name

Address

Tel:

Their relationship to you

How long you have know them

Name

Address

Tel:

Their relationship to you

How long you have know them

I certify to the best of my knowledge and belief that the details supplied in this application form are correct.

I understand that if any of the information is found to be false or that I have knowingly withheld vital information, which may influence my ability to support a young person, South London YMCA may reject my application.

I give consent to South London YMCA to seek and obtain written or verbal information about me from individuals, statutory and non-statutory agencies in support of this application.

Date:

Signature:

Full Name: