EMERGENCY HOUSING APPLICATION FORM

Caring Circle Homes

SURNAME	.
FIRST NAME	.
DATE OF BIRTH	. AGE .
GENDER	MALE ☐ FEMALE ☐ TRANSGENDER ☐ DECLINE TO ANSWER ☐ OTHER ☐
ETHNIC GROUP	**WHITE:** English, Scottish, Welsh, Northern Irish, British☐ Irish☐ Gypsy, Irish Traveller☐Other ☐ **MIXED:** White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Other ☐ **ASIAN OR ASIAN BRITISH**: Indian ☐ Pakistani ☐ Bangladeshi ☐ Other ☐ **BLACK, AFRICAN CARIBBEAN OR BLACK BRITISH:** Caribbean ☐ African ☐ Other ☐ **CHINESE OR OTHER ETHNIC GROUP:** Chinese ☐ Arab ☐ Other ☐ **REFUSED** ☐
CURRENT ADDRESS	.
TEL Nº	. NINO .
EMAIL ADDRESS	.

IMMIGRATION STATUS

What is your immigration status?	Born in the UK ☐ Born in the European Union ☐ Permanent Residence Status ☐ Limited Leave to Remain (LLR) ☐ Indefinite Leave to Remain (ILR) ☐ Exceptional Leave to Remain (ELR) ☐ Definite Leave to Remain (DLR) ☐ Other

If born outside the UK what date did you arrive ……

Do you have a NASS 35 Letter & Biometric Residents Permit Card (BRP)? YES ☐ NO ☐ N/A ☐
(Please note that if born outside of the UK but with no BRP card an offer of accommodation cannot be made)

FIRST SPOKEN LANGUAGE | ·

CHILDREN / PREGNANCY

Are you pregnant? YES ☐ NO ☐ If yes, what date is the baby due? Do you have any dependents? YES ☐ NO ☐ If yes, how many? Do your dependents live with you? YES ☐ NO ☐

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Name of dependents (if applicable)

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SOURCE OF REFERRAL

Please choose all that apply:

Self referral ☐ Local Authority ☐ Social Services ☐ Probation ☐ Health Visitor ☐ Support Worker ☐ Family/Friends ☐

Health Centre/GP ☐ Other Housing Provider ☐ Voluntary Agency ☐ Other ☐

CURRENT ACCOMMODATION

Where do you live at the moment ? Select one:

Emergency Accommodation ☐ Bed & Breakfast ☐ Hostel ☐ Prison ☐ Hospital ☐ Staying with Family/Friends ☐

Private tenant ☐ Sleeping Rough ☐ Sofa Surfing/No Fixed Abode ☐ Council tenant ☐ Housing Association tenant ☐ Other ☐

How long at current address? .

Reason for leaving last settled address:-

Select all that apply:

Evicted for Anti Social Behaviour ☐ Evicted for Arrears ☐ Overcrowding ☐ End of NASS Accommodation ☐Leaving Prison ☐
Leaving Care ☐ Relationship Breakdown ☐ Asked to leave by Family/Friends ☐ Domestic Violence (inc Honour Based) ☐
End of tenancy ☐ Evicted for threats of violence ☐ Harassment ☐ Disrepair/Poor Property ☐ Other ☐

Please provide last 2 addresses and how long you lived at each address

SUPPORT AND WELFARE

Do you have a support worker or receive help & support from anyone YES ☐ NO ☐

Please choose all that apply:

Health Worker ☐ Social Worker ☐ Youth Justice Worker ☐ Probation Officer ☐ Careers Advisor ☐ Support Worker ☐

Family or Friends ☐ Other ☐ None ☐

OFFENDING HISTORY

Have you been convicted of a criminal offence, cautioned or have a court case pending? YES ☐ NO ☐

Nature of the offence(s) Arson ☐ Burglarly ☐ Robbery / Theft ☐ Drug Related Offences ☐ Driving Offences ☐ Homicide ☐ Violence (with injury) ☐ Violence (without injury) ☐Threats to Kill, ☐ Manslaughter ☐ Car Related Offence(s) ☐ Handling Stolen Goods ☐ Anti-Social Behaviour ☐ Sexual Offences ☐ Child Abuse ☐ Fraud ☐ Other ☐

If yes, please provide further details:-

Are you currently in prison/detention centre? YES ☐ NO ☐

Are you under any statutory supervision orders or been served with an ASBO? YES ☐ NO ☐

If, yes, when does the supervision order or ASBO end? .

MEDICAL HISTORY

GP'S NAME & TELEPHONE NUMBER

Do you have a disability or suffer from any illnesses? YES ☐ NO ☐

If yes, please provide further details (inc medication):-

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Do you have any difficulties in the following areas? YES ☐ NO ☐

Please choose all that apply:

Alcohol Issues ☐ Drug Misuse ☐ Legal Highs ☐ Violent Behaviour ☐ Self Harm ☐

Physical Disability ☐ Non physical disability ☐ Physical Health ☐ Other ☐

Do you have any mental or physical impairments? An impairment doesn't have to be a diagnosed medical condition.

YES ☐ NO ☐

Mental Health ☐

sadness or irritability ☐ Extremely high moods ☐ Extremely low moods ☐ Excessive fear, worry, or anxiety ☐

Social withdrawal ☐ Dramatic changes in eating or sleeping habits ☐ trauma-related disorders ☐

substance abuse disorders ☐

If yes, please explain further

Physical health issues or Disability YES ☐ NO ☐

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Non physical disability YES ☐ NO ☐ **(ie, cancer, sight loss etc)**

Is your mental or physical health impairment long term (ie lasting or likely to last longer than 12 months) YES ☐ NO ☐

If yes, please explain further

Does your mental or physical impairment have a more than minor adverse effect on your day to day living (if you discount treatment or medication) YES ☐ NO ☐

If yes, please explain further

Any other information you wish to share? YES ☐ NO ☐

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Thank for you sharing this information, as this will enable us to deal with your application in a much better way. The information you have provided will make it easier for us to accurately assess your application and ensure that our service is the right one for you and your needs.

ECONOMIC STATUS

Are you in employment? YES ☐ NO ☐

Please choose all that apply:

Student ☐ Part time Work ☐ Full Time Work ☐ Apprenticeship ☐ Job Seeker ☐ Retired ☐ Long Term Sick/Disability ☐

Other ☐

Please state your source(s) of income

Please choose all that apply:

Salary/ wages ☐ Self employed ☐ Job Seekers Allowance ☐ Employment Support Allowance ☐ Hardship Allowance ☐ Social Services ☐ Personal Independent Payment ☐ Disability Living Allowance ☐ Sickness Benefit ☐ State Pension ☐ Occupational Pension ☐ Child Tax Credit ☐ Child Benefit ☐ Working Tax Credit ☐ Universal Credit ☐ Student Grant/ Loan ☐ Volunteer Expenses ☐ No recourse to public funds ☐ No Benefits in Place ☐ Other ☐

TOTAL INCOME (Weekly/Monthly) **£** per week / month

EDUCATION & TRAINING

Are you in Education ☐ Training ☐ Unpaid Work ☐ YES ☐ NO ☐

Please choose all that apply:

Apprenticeship ☐ Part Time Course ☐ Full time Course ☐ Volunteering ☐ Other ☐

HOUSING

Are you registered with other housing providers? YES ☐ NO ☐

Please choose all that apply:

Homelink ☐ Private Landlords ☐ Housing Associations ☐ Other ☐

PERSONAL DEVELOPMENT - What help are you looking for?

Please choose all that apply:

Form Filling ☐ Budgeting ☐ Debts ☐ Fines ☐ Drug Misuse ☐ Alcohol Misuse ☐ Gambling ☐ Health Issues ☐ Sickness Benefit ☐ Claiming Benefits ☐ Finding Employment ☐ Education ☐ Training ☐ Emotional Support ☐ Cooking ☐ Cleaning/Housework ☐ Looking After Yourself ☐ Housing ☐ Hobbies ☐ Social Activities ☐ Other ☐

DECLARATION

I confirm that the information provided is true and accurate and that I have read the Privacy Notice attached to this application. I understand that false information may lead to termination of a licence or tenancy agreement at a later stage.

Signature: ..... Date .....

Please return this form to Hello@caringcirclehomes.co.uk

Privacy Notice: Caring circle Homes Ltd

Caring circle Homes , 50 Harcourt Road, Nottingham, NG7 6QA

Caring circle Homes is committed to ensuring that your privacy is protected. When sharing your information with us, you can be assured that it will only be used in accordance with this privacy statement.

What we collect

We may collect the following information:

Name, date of birth, national insurance number, job title
contact information including phone number, email address
demographic information such as postcode, preferences and interests
other information relevant to customer surveys and/or offers

What we do with the information we gather

We require this information to understand your needs and provide you with a better service, and in particular for the following reasons:

- Internal record keeping.
- We may use the information to improve our products and services.
- We may periodically send promotional emails about new products, special offers or other information which we think you may find interesting using the email address which you have provided.
- From time to time, we may also use your information to contact you for market research purposes. We may contact you by email, phone, fax or mail. We may use the information to customise the website according to your interests.

Security

We are committed to ensuring that your information is secure. In order to prevent unauthorised access or disclosure, we have put in place suitable physical, electronic and managerial procedures to safeguard and secure the information we collect online.

Who will we share it with

We will not disclose any information that you provide 'in confidence' to anyone else without your permission. However, we may be required to disclose your information by law, or where we have good reason to believe that failing to share the information would put someone at risk.

On occasions we will provide information to other organisations that we work with on specific projects or to deliver services. This is done under strict agreements regarding the security and confidentiality of all personal information.

Controlling your personal information

You may choose to restrict the collection or use of your personal information in the following ways:

whenever you are asked to fill in a form in person or on the website, look for the box that you can click to indicate that you **do not** want the information to be used by anybody for direct marketing purposes.

If you have previously agreed to us using your personal information for direct marketing purposes, you may change your mind at any time by writing to or emailing us.

Email: dataprotection@Caring circle Ltd
.co.uk Phone: 0115 9298308
Postal: Data Privacy Officer
Caring circle homes Ltd
50 Harcourt Road,
Nottingham
NG7 6QA

Caring circle homes Ltd may change this policy from time to time by updating this page. You should check this page from time to time to ensure that you are happy with any changes. This policy is effective from October 2025.