

Applicant Service Agreement

If you are accepted for accommodation and support at Glen Carne, having successfully passed a drug test, there will be an expectation of engagement and commitment on your behalf.

We will expect you to agree to the following:

- Treat all staff and other residents with dignity and respect (verbal abuse will **not** be tolerated)
- Maintain the terms of your licence agreement
- Observe the strict non-tolerance for alcohol and drug misuse on the premises, or returning to the premises under their influence
- Agreeing to random drug and alcohol testing
- Engage with staff for regular contact meetings (weekly minimum)
- Be willing to consider and engage with support offered in-house or outside
- Pay your utility service charge regularly (currently £28 per fortnight)
- Perform your share of communal cleaning for your shared house (one day a week)
- Wash-up your own plates, cutlery etc. after every use
- Maintain a good standard of room tidiness and cleanliness
- Be willing to consider and attend appropriate courses (some are compulsory such as the Tenancy Accreditation – see staff for further details)
- Attend house meetings (usually fortnightly)
- Be available from 9am for contact sessions with staff
- To be available for at least four days per week to participate in support meetings, training etc. (holidays, trips etc. excluded.)

In addition, in our commitment to providing your support we will provide the following core services:

- Assessment of support needs, support planning including setting goals, reviewing support needs
- Assessing risk to yourself and others
- Identified risk of crisis or relapse and managing this with you
- Assistance with moving into Glen Carne
- Assistance with moving on and establishing a new home
- Assessing other housing and support options and assistance with moving on
- Support in dealing with arrears, bill and other debts
- Help in maintaining the safety and security of the accommodation
- Advice and assistance with housing benefit and other welfare benefits
- Helping you to understand your rights and responsibilities as residents and citizens
- Promoting confidence, independence and empowerment
- Advocating on your behalf if requested
- Consultation and participation
- Advice on housing matters

- Help to resolve any neighbourhood disputes at Glen Carne
- Brokering access to other support services
- Help in accessing other community services
- Liaison with other services
- Social support, informal counselling, emotional support particularly at times of stress
- Skills training, help with developing domestic, financial, social skills
- Supervision and monitoring medication
- Advice and assistance for training, education and work
- Providing opportunities for learning, training and voluntary/therapeutic work opportunities at Glen Carne or elsewhere.

Core services that will *not* be provided by Glen Carne

- Personal care
- Domiciliary or home care (e.g. washing, dressing, preparing meals etc.)
- Health care
- Therapeutic / intensive behaviour management
- Specialist treatment or counselling.

Signatures and Authorisation

I understand and agree to the above expectations of my stay and core services provided to me.

Applicant signature: **Date:**

Applicant name (printed): **Date:**

Please return this form together with the Application to:

Glen Carne, Barkla Shop, St Agnes, Cornwall TR5 0XN

Tel/fax (please call prior to faxing): **01872 554141** or email: **info@glencarne.org.uk**

If you need to speak to anyone about this referral form or would like to leave comments or feedback about it please contact us on the details above.

Copies of this document are available in **LARGE PRINT** or **Braille**

An interpreter can be made available

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一名翻译人员能被使可供使用 / يمكن أن مترجم يصنع متوفر.

OFFICE USE ONLY

Notes:

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Application Form for Supported Accommodation



The information provided in this form will be used to assess the housing and support needs of you or the applicant. Please provide all of the information requested. Any information willingly withheld or not disclosed may result in a placement being withdrawn. Please ensure the **Application Service Agreement** is completed.

Please complete all sections and give further information where required.

If you need to speak to anyone about this application form you can contact us by telephone on **(01872) 554141** or email: referrals@glencarne.org.uk

Applicant Details			
Applicant's full name (and preferred name if appropriate)			
Current address (inc. postcode)			
Contact number(s) and mobile		Email address	
Date of birth		Age	
National Insurance Number		Current benefit(s)	
Has the applicant been in contact with Glen Carne before?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please give as much detail as possible including dates</i>		
Does the applicant have any specific needs or disabilities we need to know about (physical, mental health or learning difficulties)?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please give as much detail as possible</i>		

Referral Agency Details	
Name	
Job title	
Organisation	
Address (inc. postcode)	

Contact number(s) and mobile			
Email address			
In which capacity do you know the applicant?			
How long have you known the applicant?		How long has your organisation known the applicant?	

Other Support Agencies

If it is relevant to the application, please tell us of any other agency or individual in contact with the applicant (e.g. drug/alcohol worker, CPN etc.) Please use "Additional Information" at the end of this form if required.

Name of individual	
Job title	
Name of the organisation	
Address (inc. postcode)	
Contact number(s)	
Email address	
Which capacity do they work with the applicant?	

Housing History

Please detail where you have lived over the past three years including time sleeping rough (starting with the most recent accommodation and state type of tenancy.) Please use "Additional Information" at the end of this form if required.

Address	
Date (from) and (to)	
Reasons for leaving	
Address	
Date (from) and (to)	
Reasons for leaving	

Risk Assessment Indicators

Glen Carne provides shared accommodation for vulnerable people. We assess the risk of all applications to safeguard the interests of all residents, visitors or those providing services at Glen Carne.

Please identify any known risks please score (Low, Medium or High). Provide further information below to assist us in our risk assessment. Comments provided in this part of the application form will be taken into account in assessing an application, but do not necessary exclude someone from being accepted. Information provided here will also help with future support planning.

Physical Health (including risk of harm to self)

Identify as LOW/MED/HIGH in any relevant areas and enter further information below

Fails or forgets to take medication		Known medication side-effects	
Difficulty in maintaining health		Poor diet	
Major physical illness or disability		Fails to engage with health service	
Recent deterioration in health		Severe / terminal illness	
Evidence or threat of harm to self		Broken links with optician, dentist etc.	

If you have identified a risk above, please provide further information below including medication

Mental Health (including risk of harm to self, staff, residents and wider community)

Identify as LOW/MED/HIGH in any relevant areas and enter further information below

Lack of mental health awareness		Withdrawn / isolated	
Previous suicide attempt(s) or thoughts		Self-neglect (current or past)	
Current suicidal thoughts or plans		Stress / anxiety or depression	
Recent mental health deterioration		Evidence or threat of self-harming	
Paranoid thoughts or delusions		Links with mental health services	
Violence / triggers risk linked with missed medication		Evidence or threat of harm to staff, clients, others and wider community	
Violence / triggers risk linked with mental health		Any known mental health diagnosis: e.g. bi-polar, schizophrenia , SAD etc.	
Risk of overdosing or self-medicating			

If you have identified a risk above, please provide further information below including medication

Substance Misuse (including risk of harm to self, staff, residents and wider community)
Identify as LOW/MED/HIGH in any relevant areas and enter further information below

History of alcohol or drug misuse		Recent increase in substance misuse	
Current alcohol misuse		Violence related to substance misuse	
Current drug misuse		Any current or previous links to support services (e.g. AA, NA, Addaction, detox)	
Unwilling to engage with support services / external agencies		Current known substance(s):	
Threat of harm to self, staff and wider community through substance misuse			

If you have identified a risk above, please provide further information below including medication and known periods of abstinence

Violence (including risk of harm to staff, residents and the wider community)
Identify as LOW/MED/HIGH in any relevant areas and enter further information below

History of violence to others		Known violent sexual behaviour	
Threats of violence or harm to others		Known sexual harassment to others	
Past investigation or conviction relating to offences against children (prev. Schedule 1)		Known use of weapons	
History of arson		Known violent triggers / indicators	
Past institutionalisation due to violence		Any past evidence or threat of harm to staff, clients, specific individuals or the wider community	
Recent violent incident (within last 8 weeks)			

If you have identified a risk above, please provide further information below

Safety from Others (including staff, residents and the wider community)
Identify as LOW/MED/HIGH in any relevant areas and enter further information below

Past or current physical abuse		Past or current neglect	
Past or current discriminatory abuse		Past or current self-neglect	
Past or current psychological abuse		Past or current financial abuse	
Past or current institutional abuse		Past or current domestic abuse	
Past or current sexual abuse		Any evidence or threat of harm from specific individuals	
Past or current exploitation or slavery from others			

If you have identified a risk above, please provide further information below

Shared Accommodation
Identify as LOW/MED/HIGH in any relevant areas and enter further information below

History of nuisance or anti-social behaviour to others		History (or risk) of damage to property or contents	
Previously abandoned accommodation		History of arson / criminal damage	
Previously disengaged with support services		Sexually inappropriate behaviour to staff, residents or visitors	
Past eviction from accommodation		Past violence or any known threats to staff, residents or visitors	
Risk of theft from others			

If you have identified a risk above, please provide further information below

History of Offending Behaviour, Convictions, Court Orders, ASBO's etc.

Date of conviction	Offence	Sentence	Spent Y/N?

If you have identified offending behaviour above, please provide any further information below

Please state your overall assessment of risk to:

the applicant to themselves: Low Medium High

the applicant to other people: Low Medium High

(including other residents, staff and wider community)

In respect of risk is there any other information you feel Glen Carne should be made aware of?

Additional information

Disclosure of Information and Confidentiality Agreement

I understand that Glen Carne will store and use the information I have given today in paper form as well as electronically. I understand that it will be stored securely in line with the **Data Protection Policy**.

I understand that the information will be shared with the agencies listed on this application form.

Information Disclosure

I understand that the information I have supplied will be treated as confidential and will not be shared outside of the terms of this agreement unless it is believed any of the following may be true:

- where there is an allegation or admission of child abuse
- where there is an allegation or admission of abuse of or from an individual
- where there is a perceived risk of self-harming
- when a member of staff is called to a court of law to give evidence
- where there is a genuine threat of violence against another individual
- where there is an intent to cause arson.

Consent

In order to give you the most appropriate level of support it may be necessary to work with other agencies who know you. Your consent is needed to do this.

I hereby give my consent for relevant information related to my assessment to be shared with other relevant agencies when it is believed it will help address specific support need or housing issue. If requested by the applicant, outcomes of assessments will be explained to the applicant or referral agency.

I have indicated below the agencies or individuals **I DO NOT** wish information to be shared with:

Signatures and Authorisation

Applicant signature: **Date:**

Applicant name (printed): **Date:**

Referrer signature: **Date:**

Referrer name (printed): **Date:**

Please return this form to:

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Equal Opportunities Monitoring

Glen Carne is committed to the promotion of equal opportunities in its employment policy, practices and procedures, and is committed to ensuring no-one applying for employment, or using the service is discriminated against. To help us monitor the effectiveness of our policies and comply with legislation, we need to analyse statistical information. Therefore all applicants are requested to provide us with the following information.

This form will be separated from your application form and treated in the strictest confidence. The information you provide will be used for statistical purposes only and will not be used as part of a selection process or have any other significance. Please complete all sections of the form.

Note that not all of our sleeping accommodation is suitable for disabled people. However, selected bedrooms are designed specifically to accommodate someone who is disabled.

Please complete all of this form by ticking the appropriate boxes		
Do you consider yourself disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Age category	<input type="checkbox"/> 16–24 <input type="checkbox"/> 35–44 <input type="checkbox"/> 55–64	<input type="checkbox"/> 25–34 <input type="checkbox"/> 45–54 <input type="checkbox"/> 65 and above
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	
Ethnic origin Please choose ONE section from 1 to 7, then tick ONE box to best describe your race/ethnicity		
1 – White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> European	<input type="checkbox"/> Any other white background Please specify:
2 – Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African	<input type="checkbox"/> Any other black background Please specify:
3 – Asian or British Asian	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Asian background Please specify:
4 – Mixed	<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other mixed background Please specify:
5 – Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other background Please specify:
6 – Other	<input type="checkbox"/> Gypsy <input type="checkbox"/> Romany	<input type="checkbox"/> Any other background Please specify:
7– Do not wish to disclose	<input type="checkbox"/> Tick this box if you do not want to answer this question	
OFFICE USE ONLY		Application code: _____

If you would like to leave suggestions or feedback on this form please contact a member of staff on (01872) 554141 or email: info@glencarne.org.uk