

House Trained



give homeless
young people
a future

Centrepoint Manchester

City Centre Project | Signpost | MCR College

APPLICATION FORM

PART 1 - BASIC INFORMATION

| | | | |
|--|-------------------------------|---------------------------------|---|
| NAME | | | |
| DATE OF BIRTH | / / | AGE | |
| PLEASE NOTE: APPLICANTS MUST BE 16-25 TO APPLY FOR THE COURSE | | | |
| GENDER | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| CURRENT ADDRESS | | | |
| POST CODE | | | |
| HOW LONG HAVE YOU LIVED IN MANCHESTER? | | | |
| PLEASE NOTE: APPLICANTS MUST HAVE A CONNECTION TO MANCHESTER | | | |
| CONTACT NUMBER | | | |
| E-MAIL ADDRESS | | | |
| PLEASE NOTE: APPLICANTS HAVE THE RESPONSIBILITY TO KEEP US INFORMED OF ANY CHANGES | | | |
| DO YOU HAVE A SUPPORT WORKER? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| IF YES, PLEASE PROVIDE CONTACT DETAILS | | | |

PART 2 - RISK ASSESSMENT

TO BE COMPLETED BY SUPPORT WORKER. IF YOU DO NOT HAVE A SUPPORT WORKER PLEASE LEAVE THIS SECTION BLANK

PLEASE FILL IN THIS SECTION TO THE BEST OF YOUR KNOWLEDGE:

| | | | | |
|---|--------------------|-------------------|--------------------------|------------------------------|
| RISK OF SELF HARM | PLEASE TICK | CURRENTLY | <input type="checkbox"/> | (Supporting Comments) |
| | | PREVIOUSLY | <input type="checkbox"/> | |
| | | NO RISK | <input type="checkbox"/> | |
| RISK OF VIOLENCE TO OTHERS | PLEASE TICK | CURRENTLY | <input type="checkbox"/> | (Supporting Comments) |
| | | PREVIOUSLY | <input type="checkbox"/> | |
| | | NO RISK | <input type="checkbox"/> | |
| VULNERABILITY TO ABUSE AND / OR VIOLENCE FROM OTHERS | PLEASE TICK | CURRENTLY | <input type="checkbox"/> | (Supporting Comments) |
| | | PREVIOUSLY | <input type="checkbox"/> | |
| | | NO RISK | <input type="checkbox"/> | |
| HISTROY OF OFFENDING | PLEASE TICK | CURRENTLY | <input type="checkbox"/> | (Supporting Comments) |
| | | PREVIOUSLY | <input type="checkbox"/> | |
| | | NO RISK | <input type="checkbox"/> | |
| USE OF ALCOHOL AND DRUGS | PLEASE TICK | CURRENTLY | <input type="checkbox"/> | (Supporting Comments) |
| | | PREVIOUSLY | <input type="checkbox"/> | |
| | | NO RISK | <input type="checkbox"/> | |
| MENTAL AND / OR PHYSICAL ISSUES | PLEASE TICK | CURRENTLY | <input type="checkbox"/> | (Supporting Comments) |
| | | PREVIOUSLY | <input type="checkbox"/> | |
| | | NO RISK | <input type="checkbox"/> | |
| LOSS OF ANY PREVIOUS OR EXISTING ACCOMODATION | PLEASE TICK | CURRENTLY | <input type="checkbox"/> | (Supporting Comments) |
| | | PREVIOUSLY | <input type="checkbox"/> | |
| | | NO RISK | <input type="checkbox"/> | |

PART 3 - DATA PROTECTION AGREEMENT

Service user consent for the Housing Training Service

The Data Protection Act 1998

In order to support you during our courses, we need to store information about you. The law states we must have your consent to do this.

Everything you tell us will be treated as confidential

We may need to contact other people via phone, letter, fax or e-mail in order to support you. We need to ask your consent to do this by ticking the boxes below and signing this section of the application form.

| | Please Tick |
|--|--------------------------|
| I GIVE CONSENT FOR CENTREPOINT TO RECORD MY PERSONAL INFORMATION | <input type="checkbox"/> |
| I GIVE CONSENT FOR CENTREPOINT TO TAKE UP ENQUIRIES AND RECEICVE INFORMATION ON MY BEHALF FROM ANY RELEVANT THIRD PARTY | <input type="checkbox"/> |
| I GIVE CONSENT FOR CENTREPOINT TO SUBMIT RELEVANT INFORMATION TO FUNDING PROVIDERS AND AWARDDING BODIES ONCE I HAVE STARTED THE COURSE | <input type="checkbox"/> |

| | |
|-----------|----------------------|
| FULL NAME | <input type="text"/> |
|-----------|----------------------|

| | |
|--------|----------------------|
| SIGNED | <input type="text"/> |
|--------|----------------------|

| | |
|------|----------------------|
| DATE | <input type="text"/> |
|------|----------------------|

PLEASE RETURN THE COMPLETED FORM TO THE HOUSE TRAINED TEAM EITHER VIA ONE OF OPTIONS BELOW:

| | | |
|--|-----------------------|--|
| Post: City Centre Project 52 Oldham Street Manchester M4 1LE | Fax: 0161 263 5081 | E-mail: houstrainedreferrals@centrepoin.org or infomcr@centrepoin.org |
|--|-----------------------|--|

PART 4 - EQUAL OPPORTUNITIES MONITORING

This information will be treated as strictly confidential. We will not share this information with anybody.

If you have any questions about the form, please ask one of the House Trained team.

HOW WOULD YOU DESCRIBE YOURSELF?

| | |
|-----------------------------|--|
| GENDER | Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| TRANSGENDER | Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| ETHNICITY | White British <input type="checkbox"/> Irish <input type="checkbox"/> Roma/Gypsy <input type="checkbox"/> Other <input type="checkbox"/> |
| | Black/Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/> |
| | Mixed British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> |
| | Asian/Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/> |
| | Other (Please state) |
| | Prefer not to say <input type="checkbox"/> |
| UK STATUS | UK Citizen <input type="checkbox"/> EEA National <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| MARITAL STATUS | Single <input type="checkbox"/> Married <input type="checkbox"/> In a Relationship <input type="checkbox"/> Living with Partner <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| FIRST LANGUAGE | English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Hindi <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| CARE LEAVER | Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| DISABILITY | Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| SEXUALITY | Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| RELIGION | No Religion <input type="checkbox"/> Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| ARMED FORCES | Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |
| LOCAL AUTHORITY CARE | Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> |

Centrepoint SOHO is registered under the Data Protection Act 1998. We would like to thank you for completing this section of the form.