



Doncaster

Doncaster Mind
Supported Housing Project
Application Form

Please complete this form with as much information as possible, to ensure a fair outcome

Name			
Address		Present address if different	
Tel. No.			
Date of Birth			
N.I. Number			

Type of present accommodation eg. Council, Housing Association, Hostel, Hospital etc

Please describe your present accommodation, eg how safe do you feel? include details of anyone who lives with you, do you have any adaptations?

Do you have friends and family living in the Doncaster area?

Do you suffer from a physical/sensory disability?	YES/NO
If yes please describe	

Please describe the assistance you need with activities such as budgeting, shopping, accessing other services, etc

Have you suffered from a mental illness for example depression, anxiety, schizophrenia? If so, can you tell us when and more about it including dates and hospital stays if applicable

Are you on C.P.A?	YES		NO	
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If YES who is your Care-Coordinator?

Have you ever experienced a problem with the use of alcohol or drugs? If so, can you tell us when and more about it

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Have you ever harmed yourself or others? Please explain

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Why would you like to live in the Doncaster Mind Supported Housing Project?

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The properties are owned by Sanctuary Housing Association and it is forbidden by law to grant benefits to its employees and their committee members or their close relatives, please certify that you are not in this category.

Signed:

Please also state if you are in any way related to Doncaster Mind Staff or committee members (If YES please specify)

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Please give details of any of the following you are in contact with.

	Name & Address	Tel, No.
GP		
Psychiatrist		
Social Worker		
Community Psychiatric Nurse		
Any other agencies eg. Probation, OnTrack, etc		

To help with your application we need permission to contact any of these people for further information or reports. Please sign here if you consent to this

Signed

If you do not give your consent please indicate why

Is there anyone else you would like us to contact for a reference? If so please give details, name and address.

This form when completed will go before the Doncaster Mind Housing Sub Committee. The information on it will be kept confidential within the committee and the Supported Housing Team.

Name of person completing this form (if on behalf of service user)	
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Signed (applicant)		Date	
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*By signing this form you are consenting to your information being stored by Doncaster Mind in accordance with the Data Protection Act 1998, please contact us if this causes you a problem.

Please return completed/signed forms to:

Kirsty Broughton,
Housing Services Manager,
28 Morley Rd,
Doncaster
DN1 2TN
Email: housing@doncastermind.org.uk
Tel: 01302 342525

Diversity monitoring form

To ensure that our equal opportunities policy is effective and constantly evaluated, Doncaster Mind invites you to complete this diversity monitoring form. Information volunteered will be treated as being classified and sensitive personal data under the Data Protection Act 1998.

N.B. Any information given is optional and at your sole discretion, in doing so you are also giving your informed consent for Doncaster Mind to use it for the sole purpose of statistical analysis.

Age		Date of Birth	
Biological sex		Gender identity	
Female		Female	
Male		Male	
Intersex		Intersex	
Sexual Orientation			
Heterosexual/Straight		Bisexual	
Gay man		Other	
Gay women/Lesbian		Prefer not to say	
Do you consider yourself to have a disability?	YES	NO	
What is the nature of your disability?			
Please tick the group you most identify with: (If any)			
White – British		Mixed – White & Black Caribbean	
White – English		Mixed – White & Black African	
White – Scottish		Mixed - White & Asian	
White – Welsh		Other mixed background	
White – N.Ireland			
White - Irish		Black or Black British – Caribbean	
White - Other		Black or Black British – African	
		Black or Black British – Other	
Asian or Asian British – Indian			
Asian or Asian British – Pakistani		Japanese	
Asian or Asian British – Bangladeshi		Chinese	
Asian or Asian British – Other		Prefer not to say	
Other group (please state)			
Please tick the religion/group with which you most identify: (If any)			
Secular		Rastafarian	
Atheist		Chinese Traditional	
Agnostic		Scientologist	
Christian		Shinto	
Hindu		Spiritual	
Jehovah's Witness		African Traditional	
Jewish		Humanist	
Muslim		Jedi	
Neo-Pagan		Buddhist	
Sikh		Zoroastrian	
Wicca		Prefer not to say	
Other religion/group (please state)			