

Consent form

Request for permission to contact professional agencies

In order for us to get a full picture of who you are it is useful for us to be able to contact other people who know you well and have worked with you. For example, a worker from Off the Record or your Youth Offending team worker. This information will only be used to help decide whether the scheme is right for you. It is your decision if you are happy for us to contact these other agencies. Please write your name in the space below and tick the boxes for those agencies you are happy for us to contact.

I , give my permission for Wiltshire Council to contact, please tick relevant agencies and provide contact name if known:

| Tick | Contact names |
|---|----------------------|
| <input type="checkbox"/> Off The Record | <input type="text"/> |
| <input type="checkbox"/> Connexions | <input type="text"/> |
| <input type="checkbox"/> Youth offending team | <input type="text"/> |
| <input type="checkbox"/> Social worker | <input type="text"/> |
| <input type="checkbox"/> Support worker | <input type="text"/> |
| <input type="checkbox"/> Doctor | <input type="text"/> |
| <input type="checkbox"/> Project | <input type="text"/> |
| <input type="checkbox"/> Mentoring Plus | <input type="text"/> |
| <input type="checkbox"/> Pathways services | <input type="text"/> |
| <input type="checkbox"/> Housing benefit office | <input type="text"/> |

Please return your completed form to or give to your social worker to deliver:

Senior Accommodation Officer
Supportive Lodgings Scheme
Bewley House
C/O Monkton Park
Chippenham
Wiltshire SN15 1ER

For office use only

Date application received

Date first meeting

ARP's decision

Wiltshire Council supportive lodgings scheme

Young person's application form

Bridging the gap to independence



Thank you for completing the supportive lodgings application form. By completing this form you have applied for accommodation on the supportive lodgings scheme. If you are accepted onto the scheme you will be provided with a room in a home and support in developing independence skills.

Please complete the form as thoroughly as possible as it will be used to match you with a lodgings' provider who has something in common with you and who can help with the things you have asked for help with.

It's a good idea to fill this form in with someone who knows you well so that they can help you think about the questions. It might also be helpful to look at your joint housing assessment or your needs assessment and pathway plan.

Your lodgings' provider will not see a copy of your application form, but she or he will be given some information about you, which she or he has agreed to keep confidential. At the end of the form we ask you to sign to say that you understand who will see the information you give us. Please remember to fill in that section.

Your name

For office use only

Date received

Any other notes

Section 1. About you

Name

Address

Postcode

Telephone Email

Date of birth

Are you: Male Female Are you a parent? Yes No

How would you describe your ethnicity?

My social worker is

My personal advisor is

What do you do?

At school On a training course At college

Working Volunteering Unemployed

Other (Please give details below)

Name of college

Name of tutor

Name and length of course

Days and times of course

Do you have any of the following:

ADHD Dyslexia

Aspergers Learning difficulties

What things do you think you will need the most help with?

When I first move in I would like my lodgings provider to help me with:

| |
|---|
| 1 |
| 2 |
| 3 |

Which of the following best describes the arrangement you would prefer?

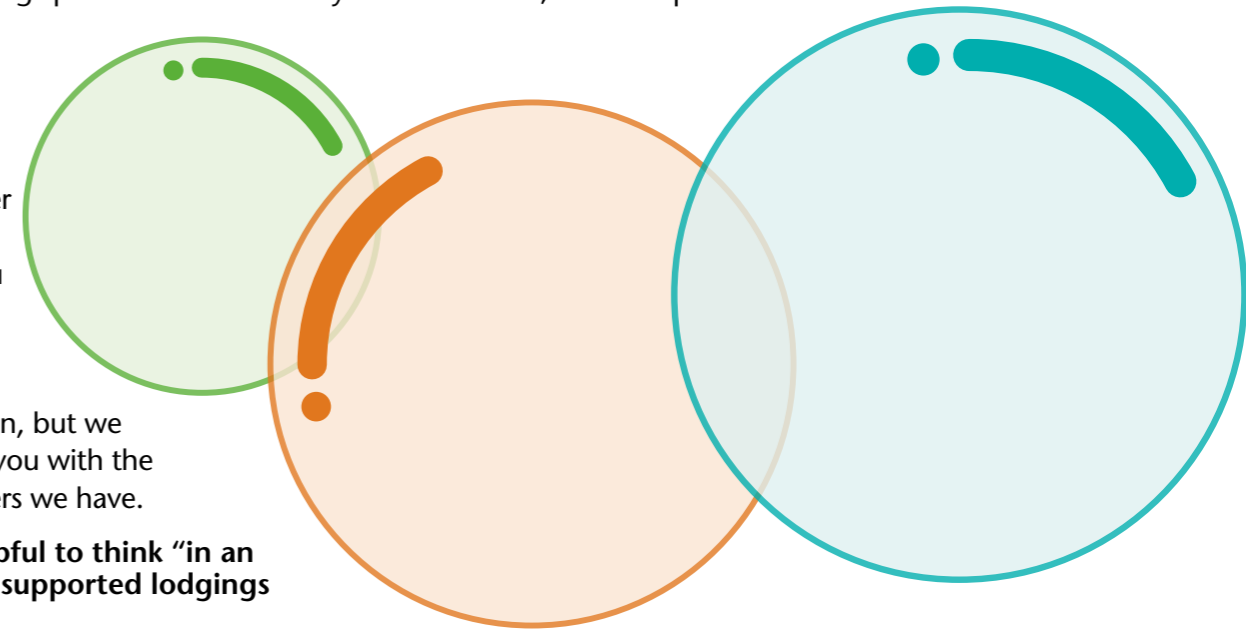
I would like to cook most of my own meals

I would like my lodgings provider to cook most of my meals

Please use the space below to tell us three things you would like us to take into consideration when matching you with a lodgings provider – like where you want to live, for example.

You must be aware that we may not be able to find you a lodgings provider who matches exactly what you have asked for. We will always take your wishes into consideration, but we can only match you with the lodgings providers we have.

It might be helpful to think "in an ideal world my supported lodgings would be..."



Section 7. Getting to know you... (a bit better)!

It would help us with the matching process to know a little bit more about the kind of person you are. So...

What three words do you think best describe you?

| |
|---|
| 1 |
| 2 |
| 3 |

What three things would your best friend say are your strengths?

| |
|---|
| 1 |
| 2 |
| 3 |

What three things would your best friend say are your weaknesses?

| |
|---|
| 1 |
| 2 |
| 3 |

Section 5. About what you do in your spare time

Do you have any of the following interests/hobbies?

- Music Reading Seeing friends
 Cinema TV Sport
 Computer Other (Please give details below)

Section 6. About the supportive lodgings scheme

Why do you want to move into supportive lodgings? Please use the space below to tell us what you hope to get out of the scheme.

About any offending behaviour

Do you have any convictions for criminal offences? Yes No

Are you waiting on any outstanding court cases? Yes No

If you have answered 'Yes' to one or both of these questions please use the space below to tell us about your offence

Section 2. About your health

Do you have any on-going medical conditions?

Do you suffer from any allergies?

Are you disabled? If yes, please tell us in what way you are disabled?

Are you registered with a GP? Yes No

Are you registered with a dentist? Yes No

Do you have regular eye tests? Yes No

Do you smoke? Yes No

If yes, how many cigarettes do you smoke per day:

Are you a vegetarian? Yes No

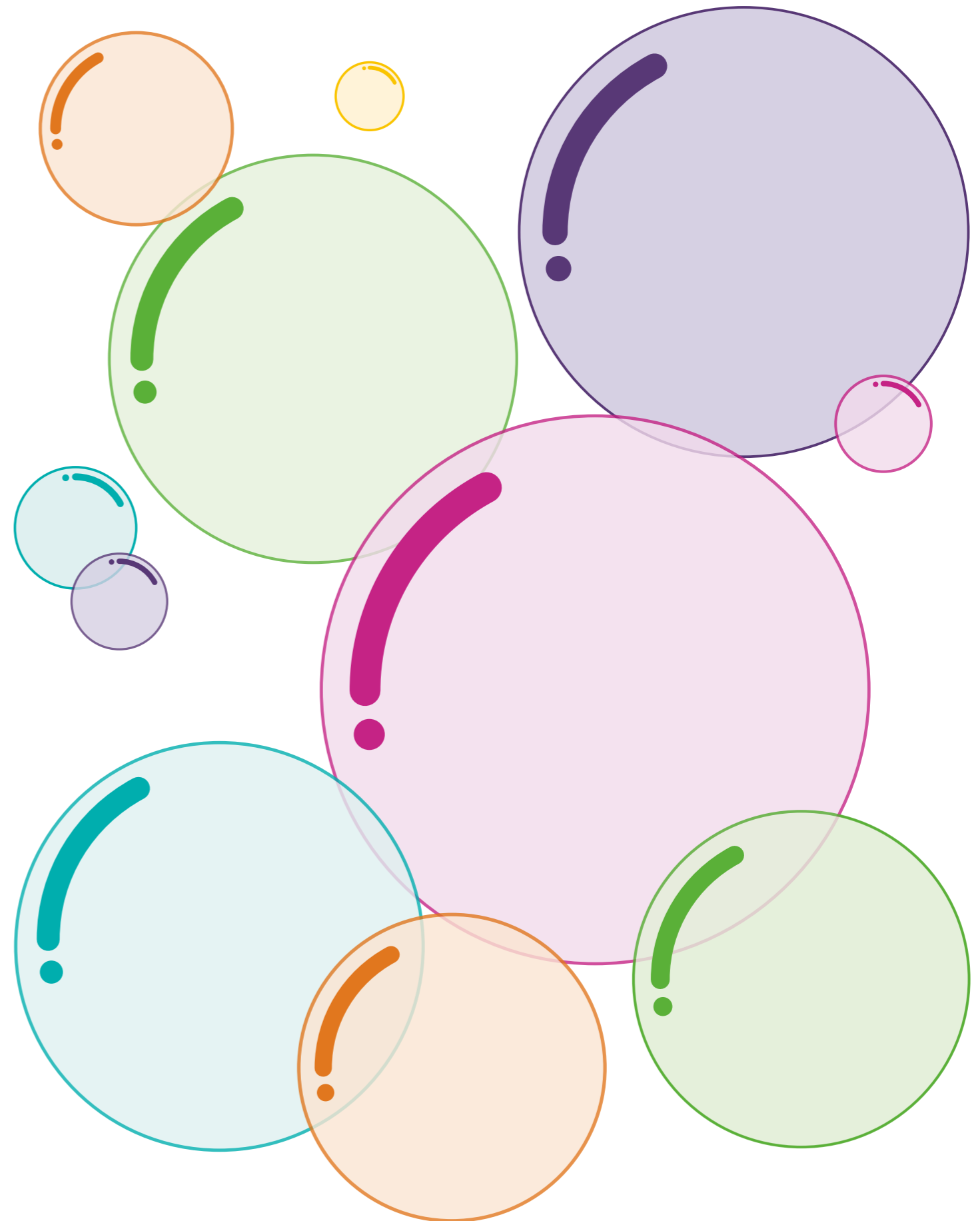
What type of food do you eat?

What foods do you dislike?

Think about the people who are important to you and the people who give you help and support. Tell us who they are.

Tell us who is there for you by filling in the bubbles – say if they are a friend, grandparent, social worker, personal advisor, foster carer, teacher etc.

If there aren't enough bubbles just add some more!



How well can you do the following tasks?

| | Yes | Some/ times | Need help | Never tried |
|---|-----|----------------|--------------|----------------|
| General | | | | |
| I can fill in forms | | | | |
| I read my post and respond to it | | | | |
| I can make appointments and attend them on time | | | | |
| I can use public transport | | | | |
| Money | | | | |
| I apply for and receive benefits | | | | |
| I inform the benefits office of any of money I earn | | | | |
| I have a bank account | | | | |
| I spend money sensibly and don't run out before the end of the week | | | | |
| Working and education | | | | |
| I have applied for jobs and/or had interviews | | | | |
| I can apply for a course in college | | | | |
| I arrive on time for work or college | | | | |
| I complete assignments and homework on time | | | | |
| Housing | | | | |
| I pay my rent on time | | | | |
| Have you ever had rent arrears? | | | | |
| My friends respect my home | | | | |
| Caring for myself | | | | |
| I wash myself every day | | | | |
| I wash my clothes at least once a week | | | | |
| I change and wash my bedding every two weeks | | | | |
| I have a healthy diet | | | | |
| I find things to do when I'm bored | | | | |
| Cooking | | | | |
| I can shop for food on a budget | | | | |
| I am able to cook a meal for myself | | | | |
| I eat and prepare breakfast and lunch | | | | |
| Caring for my home | | | | |
| I pay electricity and gas bills | | | | |
| I wash up dirty plates and dishes | | | | |
| I vacuum my bedroom once a week | | | | |
| I lock the door and close the windows when I leave the house | | | | |
| Support | | | | |
| I contact agencies when I need their advice | | | | |
| I ask for support when I need it | | | | |
| | | | | |

Tell us about the things that make you happy, sad and angry and what you do when you feel that way.

| Things that make me happy | What I do when I'm happy |
|---------------------------|--------------------------|
| | |

| Things that make me feel down | What I do when I feel down |
|-------------------------------|----------------------------|
| | |

| Things that make me angry | What I do when I'm angry |
|---------------------------|--------------------------|
| | |



Have you used drugs in the past?

Yes No

If you have answered 'Yes' the question above, please use the space below to tell us about your drug use.

Have you had any help around your drug use?

Yes No

Would you like some help?

Yes No

Do you drink alcohol?

Yes No

If you have answered 'Yes' to this question please use the space below to tell us about your alcohol consumption, for example do you binge drink?

Have you had any help around your alcohol consumption?

Yes No

Would you like some help?

Yes No



Section 3. About where you live

Where are you staying at the moment?

- My own flat
- Bed and breakfast
- With family
- In foster care
- Pathways
- With friends
- Other (Please give details below)

How long have you lived there?

Please tell us your reasons for leaving where you are staying

Section 4. About your independence training/support needs

On the table on the next page, put a tick in the right column next to the tasks.

For example if you need support doing your laundry, find 'washing my clothes' in the list of tasks and then put a tick in that row under the 'Need Help' column.

If you think of anything that's not on the list, use the empty row to let us know about other things you can do or need support with.