



FOR OFFICE USE ONLY

Applicant Name:	
Date Received:	Staff?
Added to D/B:	Referral No:
Assessment Date:	
Informed By:	

Application Form

Supported Accommodation

**The
ARCH Resettlement
Centre

Glasgow**

The ARCH Resettlement Centre, 36 Muslin Street, Bridgeton, Glasgow, G40 4AP

T: 0141 554 2497

T: 0141 554 2101

WEB: www.scottishchristianalliance.org.uk EMAIL: info@scottishchristianalliance.org.uk



Application Form

This application form is designed to assist staff in preparing a suitable assessment date for you and to determine if The ARCH is the correct service for you.

Please attempt to answer **ALL** questions. If you think some questions are relevant please mark N/A clearly. If there are questions you cannot answer please state that this is the case so we can discuss this further at the assessment stage? All of your answers will be considered collectively and you will not necessarily be excluded on the basis of answers you may consider detrimental to your application. **All completed applications should be returned with a risk assessment and a letter of recognition of homeless status.**

Personal Information

Name:		Date of Birth:	
		Age:	
National Insurance No:		Tel Number:	
		Mobile No:	
Current Address:			
Email Address:		Next of Kin:	
		Relationship:	
		Tel Number:	
Marital Status:			
What is Your Ethnic Group:			
Gender			

Referral Source

Social Work:	
Social Worker/ Care Manager Name,	Address:
Tel Number:	Email:
COMMUNITY ADDICTION TEAM: ADRS	
Addiction, Recovery Worker:	Address:
Tel Number:	Email:
HOMELESS ADDICTION TEAM:	
Addiction Worker:	Address:
Tel Number:	Email:
COMMUNITY CASEWORK TEAM:	
Case Worker:	Address:
Tel Number:	Email:
PRISON/PRISON CASEWORK TEAM:	
Case Worker:	Address:
Tel Number:	Email:
VOLUNTARY SECTOR:	
Contact:	Address:
Tel Number:	Email:
OTHER:	
Contact:	Address:
Tel Number:	Email:

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Risk / Addiction Assessment Attached: Y / N

Previous Addresses (covering the last 5 years)

Please state the following as much as possible:

What type of accommodation, length of time at that residence, whose name it was in, do you have any arrears or outstanding debt on the property?

Address:	Housing Association: (if applicable)	Length of Residence:
	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Post Code:		
Address:	Housing Association: (if applicable)	Length of Residence:
	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Post Code:		
Address:	Housing Association: (if applicable)	Length of Residence:
	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Post Code:		
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Post Code:		
Address:	Housing Association: (if applicable)	Length of Residence:
	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Post Code:		
Address:	Housing Association: (if applicable)	Length of Residence:
	Type of Accommodation:	Arrears: (If any)
	Reason for Leaving:	
Post Code:		

Accommodation at The ARCH

<p>Are you aware that the accommodation is only for you and that no one can live with you?</p>	
<p>Are you aware that the occupancy is on the understanding that you sign a contract to participate in an agreed support plan between yourself and the project?</p>	
<p>In what areas do you feel you most need support in? (Please circle accordingly)</p>	<p>Mental Physical Social Financial Spiritual Unsure</p>
<p>Can you indicate the level of support you may require whilst you live at The ARCH? (Please circle accordingly)</p>	<p>Low Medium High</p>
<p>Please sign the box opposite if you understand that the use of alcohol is prohibited in the project. Breach of these rules could result in the termination of your tenancy.</p>	<p>Name: Signed: Date:</p>
<p>Please sign the box opposite if you understand that the misuse of drugs, prescription or otherwise, and the abuse of solvents is prohibited in the project. Breach of these rules could result in the termination of your tenancy.</p>	<p>Name: Signed: Date:</p>
<p>Are you registered as homeless? If yes could you supply confirmation letter of homelessness. This can be sought from your casework team.</p>	
<p>Do you have a deadline to leave your current accommodation?</p>	<p>Yes Date:</p>
<p>Have you ever been asked to leave accommodation due to violence, intimidating behaviour or any other unreasonable or inappropriate behaviour? (If yes please give details)</p>	

Personal Circumstances

Do you have a criminal record?	
If yes, what was the conviction for?	
Have you spent time in prison? (If yes please give details. Where, when, how long)	
If you are in custody, what is your liberation date?	
If applicable, what is your Prison number?	
Do you have any outstanding charges, court appearances, fines, etc? (Please give details)	
Do you have a drug or alcohol addiction? (Please give details)	
Are you receiving treatment for any addiction? (Please give details)	
Are you on a Methadone Programme or ORT therapy? (Please give details)	
Would you agree to random screening for drugs or alcohol?	

Personal/Employment/Benefits/Law:

Employment	
Are you currently employed?	
Have you received any formal training?	
Are you currently attending any course, education or voluntry?	
Benefits	
Are you In receipt of benefits DLA, PIP, Jobseekers Allowance or Universal Credit?	
Do you have to attend a Job Club?	
What type of benefit?	
Is the benefit claim complete or pending?	
When and where do you sign on?	
Law	
Do you have a solicitor?	
Name and Address:	
Please supply all contact details:	Name: Address: Tel. Number:

Personal Medical/Education:

Medical	
Are you registered with a GP?	Yes
Name and Address?	Name: Address: Tel. Number:
Can we contact them if needed?	
Have you received treatment for any physical condition in the last 3 years? (If yes, please supply details)	
What is the outcome of your treatment?	
Are you taking any prescribed medication for this condition?	
If yes, please supply details?	
Have you received treatment for any mental health condition in the last 3 years? (If yes, please supply details)	
What is the outcome of your treatment?	
Are you taking any prescribed medication for this condition? (If yes, please supply details)	
Could this condition mean you are a danger to yourself or others?	
Are you satisfied with the treatment you are receiving?	

<p>Do you attend any counselling or support group for any reason?</p> <p>(If yes, please supply details)</p>	
<p>Do you have any physical or communication requirements?</p> <p>(If yes, please supply details)</p>	
<p>Do you have any special dietary requirements as a result of any illness,/condition/allergy?</p> <p>(If yes, please supply details)</p>	
<p>Is there any further information you wish to inform us of that we haven't already covered?</p> <p>(If yes, please supply details)</p>	
<p>Education</p>	
<p>Do you have any qualifications/certificates for course taken?</p> <p>(If yes, please supply details)</p>	
<p>Do you have any hobbies?</p> <p>(If yes, please supply details)</p>	
<p>Are you a member of any club or organisation?</p> <p>(If yes, please supply details)</p>	
<p>Is there anything else you wish to add to support your application?</p> <p>Continue on a separate sheet if needed.</p>	

Risk	1) Brief Details/known triggers 2) How is the risk managed 3) What measures will reduce the risk	Date/Updated
Alcohol misuse	1) 2) 3)	
Drug misuse	1) 2) 3)	
Violence and/or Challenging behaviour	1) 2) 3)	
Self harm	1) 2) 3)	
Fire raising/fire risk	1) 2) 3)	
Non-compliance medication	1) 2) 3)	
Self neglect	1) 2) 3)	
Mobility/Physical Health	1) 2) 3)	
Mental Health Issues	1) 2) 3)	
Child welfare/protection	1) 2) 3)	
Other (please specify)	1) 2) 3)	

Persons at Risk:		
Service User		
Other Service Users		
Staff		
Visitors		
Member of Public		
Other (please specify)		
Adult Male		
Adult Female		
Children/Young People		
Any other relevant information:		

ITEMS INCLUDED IN APPLICATION:

It is our intention to contact you within one week regarding the outcome of your assessment interview. In some cases where this may be longer we will try to contact you and inform you of this.

There is normally a waiting list for successful applicants. We will let you know about this at the same time we confirm your application is successful.

Do you confirm that the above information is correct and that you know of no other circumstances that would prevent you from participating in the ARCH programme?

I recognise that deliberately giving false information will result in me not being offered a flat within The ARCH.

If the information is found to be false after I am admitted, I understand that this will be regarded as a breach of my occupancy agreement and could result in termination of tenancy.

I confirm that information given above is accurate.

Signed:

Date:

Print:

Witnessed:

Date:

Print:



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