



SERVICE USER APPLICATION FORM

Please complete this application as fully as possible.

Name:	Male / Female
Present or last address:	
.....	
.....	Postcode:
Date of Birth:	NI Number:
Previous addresses in last 5 years:	
.....	
.....	
.....	
.....	
Someone to contact for emergencies:	
Name:	Tel No:
Address:	
.....	
Relationship:	

What is your current housing situation and reason for wanting to move? If you are homeless please state reason.

.....
.....
.....

What do you hope to gain whilst living at this project?

.....
.....
.....

Do you have a Social Worker? YES / NO

Name: **Tel No:**

Address:

.....
.....

May we contact the above person for further information if necessary? YES / NO

What makes you angry or frustrated?

.....
.....

How do you cope when you are angry or frustrated?

.....
.....

Have you been a victim of violence or abuse?

.....
.....

Have you ever been violent? If yes, give details.

.....
.....

Do you want help with:		
	YES	NO
Leisure		
Managing Money		
Housing		
Shopping		
Safety		
Food		
Health		
Laundry		
Training/Education		
Language		
Employment		
Immigration Status		
Relationships		
Other (please state)		
.....		
.....		

Do you use/have you used drugs?	YES / NO
If yes, what help have you received?	
.....	
.....	
Are you/have you been dependent on alcohol?	YES / NO
If yes, what help have you received?	
.....	
.....	

Do you have a physical disability?	YES / NO
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If yes, would you require any special facilities?

.....
.....

Have you any conviction for violence?

YES / NO

If yes, please give details.

.....
.....

Have you any conviction for offences against children?

YES / NO

If yes, please give details.

.....
.....

Have you any conviction for theft?

YES / NO

If yes, please give details.

.....
.....

Please state anything else you would like to add:

.....
.....
.....
.....
.....



SUPPLEMENTARY INFORMATION ON EQUAL OPPORTUNITIES IN ACCESS TO OUR SERVICE

We are committed to Equal Opportunities in the provision of our service and, as part of this policy, all applicants are asked to complete the details below. The information it contains will not be used in deciding whether or not to offer you a place at 2 Care. We aim to ensure no potential Service User or those already living at 2 Care receive less favourable treatment on the grounds of race, colour, nationality, ethnic or cultural origins, sexual orientation or age.

This sheet will be separated from your application and only used to monitor our Equal Opportunities Policy.

Please help us to achieve our aim by answering the following questions.

Date of application

How would you describe your ethnic origin (tick as appropriate):

1.	<input type="checkbox"/>	White	6.	<input type="checkbox"/>	Pakistani
2.	<input type="checkbox"/>	Black-Caribbean	7.	<input type="checkbox"/>	Bangladeshi
3.	<input type="checkbox"/>	Black-African	8.	<input type="checkbox"/>	Chinese
4.	<input type="checkbox"/>	Black-Indian	9.	<input type="checkbox"/>	Any other Ethnic Group
5.	<input type="checkbox"/>	Indian			

My sex is (tick as appropriate):

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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Are you disabled (tick as appropriate):

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Any complaints that applications have not been fairly considered on the grounds of race, colour, nationality, ethnic or cultural origins disability, gender, sexual orientation or age should be made in writing to the Managing Director.