

**Croydon Lodgings for Families**

**Main Householder application**

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| **Personal Details** |
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| **Title:** |
| **First name:** |
| **Last name:** |
| **Contact number:** |
| **Email:** |
| **Date of Birth:** |
|  |
| **Address Details** |
| **Address:** |
| **Town:** |
| **County:** |
| **Postcode:** |
| **Have you lived at this address for 5 years or more?\*** |
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| **Additional information** |
| **Do you know any existing householders in the scheme?** |
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| **How did you hear about the Shared Lives scheme** |
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| **What language(s) do you speak at home?** |
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| **What religion do you practice (if any)?** |
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| **Have you had any previous contact with Adult Care Services (Social Services)?** |
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| **Have you ever applied to become a carer/foster carer with Croydon?** |
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| **Have you ever applied for registration with the Care Quality Commission (previously CSCI, NCSC or local authority Inspection Unit)?** |
| **if yes please give details and date** |
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| **Your Home** |
| Please complete the following information. You will be asked to provide proof of ownership. If you are a tenant you will |
| will also need your Landlords permission for Shared Lives use. |
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| **What type of property is it?\*** |
| **How many rooms are you offering for the Shared Lives Scheme?\*** |
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| **Is your home owned or rented?\*** |
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| **Landlord or Mortgage company Name:** |
| **Reference No:** |
| **Address:** |
|  |
| **Email:** |
| **Please state what type of support you can offer** |
| Shared Lives (where a person live with you in your own home)s |
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| **Please list below all other people living at your** |
|  |
| **Name** |
|  |
| **Address** |
|  |
| **Relationship to you** |
| **Date birth** |
|  |
| **Occupation /school** |
| **Name** |
|  |
| In addition to you, all people within the household aged18 or rover will be asked to complete a DBS application. This is a national criminal records check carried out by the Disclosure Barring Service. |
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| **Additional Householders** |
| It is a requirement that householders have Additional Householders who will be able to take over the householder when the main householder is away or in case of an emergency situation. The number of additional householders required will be agreed with your assessor based on your circumstances and the number of placements. |
| All additional householders will need to undergo an application and assessment process including a DBS check |
|  |
| **Add details of potential additional householders** |
| **Name:** |
| **Relationship to applicant\*** |
| **Address** |
| **Email:** |
| **Tel:** |
|  |
| **Name\*** |
| **Relationship to applicant:** |
| **Address:** |
| **Email:** |
| **Tel:** |
|  |
| **Employment history** |
| Please give details of your work history since leaving school. Please account for any gaps. |
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| **Position held\*** |
| **Employer\*** |
| **Dates\*** |
|  |
| **Position held\*** |
| **Employer\*** |
| **Dates\*** |
|  |
| **Position Held\*** |
| **Employer\*** |
| **Date\*** |
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| **Position Held\*** |
| **Employer\*** |
| **Date\*** |
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| **Position Held\*** |
| **Employer\*** |
| **Date\*** |
|  |
| **Your National Insurance number\*** |
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| **Please state your residency conditions for the UK\*** |
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| **Supporting Information** |
| Please tell us more about you. |
| **Why do you want to be a Shared Lives Householder? What skills knowledge and experience do you have to offer? If you find it difficult to write about yourself, outline how you think your friends and family would describe you.** |
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| **References** |
| The following references will be required |
| * A DBS check |
| * A local authority check (to be undertaken internally by the Scheme) |
| * A reference from your current employer (or most recent) |
| * Two personal references |
| * A Health questionnaire which will be sent to you at a later date |
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| **Employers Reference** |
| **Reference details for employer (Current employer or most recent)** |
| **Please ensure you give the name, role/position, full address, email and contact number for your referee** |
| **If you do not have a current employer please provide a character reference from a professional person known to you for 2 years or more.** |
| **Name:** |
| **Address:** |
| **Occupation:** |
| **Email:** |
| **Tel:** |
|  |
| **Personal references** |
| Please provide two personal references. Give name, address and telephone number. Referees must have known you well **for at least two years** and must not be connected to you by family, marriage or common-law relationships.  **Please** i**nclude full name, address, email and contact numbers.** |
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| **Personal reference 1\*** |
| **Name:** |
| **Address:** |
| **Tel:** |
| **Email:** |
|  |
| **Personal reference 2\*** |
| **Name:** |
| **Address:** |
| **Tel:** |
| **Email:** |
| **Criminal convictions** |
| **Rehabilitation of Offenders Act 1974** |
| Your application carries exempt status under the provisions of the Act regarding ‘spent’ convictions. |
| You are therefore required to declare below any convictions (including bind-overs and cautions) you have had regardless of whether or not the time limit has elapsed. |
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| **Have you ever been convicted of a criminal or civil offence?** |
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| **Are there any alleged offences outstanding against you?** |
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| **If YES to either, please give details or, if you prefer, send details in a sealed envelope marked ‘strictly confidential’. Failure to disclose any information relating to criminal or civil convictions may disqualify your application. Please give dates and nature of all offences or charges** |
| **If you need to send additional details. Please send to: Shared Lives** |
| **Team, Bernard Weatherill House, Floor 2, Zone E, 8 Mint Walk, Croydon,** |
| **CR0 1EA** |
|  |
| **Your Consent** |
|  |
| **Did you have help in completing this form?\*** |
|  |
| **What is the name of the person who helped you?\*** |
|  |
| **I have completed this application form as honestly and fully as possible and I give permission for all appropriate checks and references to be taken up.** |
|  |
| **I understand that these checks can involve disclosure of information about myself of a confidential and medical nature.\*** |
|  |
| **I consent for information about me to be kept by the scheme on paper, electronically and on a computer database\*** |
|  |
| **I consent to information being passed by the Scheme to the**  **regulatory body as required\*** |
|  |
| **If you want a copy of your application don't forget to print before you continue and submit.** |
| **The Shared Lives scheme is committed to a policy of equality of opportunity in the assessment and approval of Carer.**  **Would you like to complete our equality monitoring form?\*** |