



Supported housing for young people

Park Lodge Project

2 Central Avenue,
Clarendon Park,
Leicester LE2 1TB

Tel 0116 2707319 / Fax 0116 2709326
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APPLICATION FORM FOR ACCOMMODATION

This form is designed to be completed by the applicant or on behalf of the applicant by a referring agency. For assistance in completing the form please contact the Project.

Referring Agency / Self-Referral

Self-Referral	Yes	No	Telephone	Yes	No
Referring Agency Name					
Address					
Contact Person					
Telephone number					
Email address					
Referral Date					

Personal Details

Name		
Age		
Date of Birth		
Gender	Male	Female
Mobile Number		
National Insurance Number		
Income		
Place of birth		
Local connection to?		
Ethnicity		
Religion		
Main language spoken		
Interpreter required?		

Current Accommodation

Family		Sleeping rough	
Friends - sofa surfing		Bed & Breakfast	
Foster Care		Prison	
Council/housing accommodation		Supported Housing	
Private rented		Other	

Your support needs

Are you currently receiving any support from other agencies?	Yes	No
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Please provide details of any support you are receiving

Agency	Type of support	Name & Contact details

Disability Monitoring

Are you registered disabled?	Yes	No
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Confidentiality

Park Lodge Project takes confidentiality of your personal information seriously. However, in order for us to assess your application we may need to clarify information. We may also need to discuss with other agencies that are currently supporting you how we can work jointly to ensure you receive the correct level of support. It is on the above basis we ask you to confirm your consent.

I do / do not (delete where necessary) give consent for Park Lodge Project to contact, discuss and receive information from other appropriate agencies to assist my application for accommodation ad support.

Name: Signature: Date:
 (Block Capitals)

If referral received over the telephone - Confidentiality consent must be read out!		
Member of Staff completing referral		Date