



CLIENT APPLICATION FORM

Guidance for completing this form

- Complete as much of the application form as possible. There may be sections you cannot complete or only partially complete.
- Include Offender Manager details if you have one. This will enable us to request their permission to consider your application and to obtain supporting information for your application.
- Do not worry if you cannot include any reports. Langley can obtain these.
- Please sign the consent section on page 7 and return the form to the address in Coventry at the top of page 1.
- If you have any difficulty completing this form, please contact the Referrals Team on 02476 587360 or:
referrals@langleytrust.org
- We will write to you to let you know when we have received your application form and to let you know what happens.

To save changes when completing this digital form from our website*

- Download and save the form to your computer.
- Reopen the form from your computer (changes made directly onto the internet version will NOT save).
- Complete the document from your computer and save before returning it to Langley Trust.

*Please print out and return to us by post or fax if you are filling in the form by hand.

1

Applicant's Details

Please complete this form as fully as possible and return it with supporting documents to:

Langley Trust, Referrals Team, PO Box 6364, Coventry, CV6 9LL

Tel: 02476 587360 Fax 02476 587379 Email: referrals@langleytrust.org

Preferred Project (see Referrals Pack) or floating support service

Title

Forename/s

Surname

Marital status

Current Accommodation

Please tick if any of the following apply to your current accommodation.

My current accommodation is:

- Prison (state prison number)
- Hospital (please name if not previously provided)
- In a local care authority (please name)
- A registered care home (please name if not previously provided)
- Rented – local authority/social landlord (name area)
- Rented – private sector (name area)
- Other

Telephone

Mobile

National Insurance Number

Date of Birth

Gender Male Female Transgender

Have you served in Her Majesty's forces? Yes No

Army Navy Airforce

2 Previous Accommodation & Rent Arrears

Please provide details of your last five addresses

Address	Did you hold the tenancy?	Arrears or debt from this address	Reason for leaving
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Owning Property

Do you or your partner currently own a property? Yes No

Have you or your partner owned a property in the last 5 years? Yes No

Name of the owner

Address of the property

Postcode

How much is/was the property worth?

Rent Arrears

Current rent arrears

Previous rent arrears

Any other debt or financial problems

Availability for work and how this affects benefits

Past difficulties in claiming Housing Benefit

3 Current Legal Status

Please tick all that apply:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> MAPPA L1* | <input type="checkbox"/> MAPPA L2* | <input type="checkbox"/> MAPPA L3* |
| <input type="checkbox"/> CPPC (Critical Public Protection Case) | <input type="checkbox"/> Bail | |
| <input type="checkbox"/> ACR (Automatic Conditional Release) | <input type="checkbox"/> DCR (Discretionary Conditional Release) | |
| <input type="checkbox"/> HDC (Home Detention Curfew) | <input type="checkbox"/> YOI (Youth Offending Institute) | |
| <input type="checkbox"/> Life Licence | <input type="checkbox"/> IPP (Imprisonment for Public Protection) | |
| <input type="checkbox"/> SHPO (Sexual Harm Prevention Order) | <input type="checkbox"/> SOR (Sex Offender Register) | |

* Multi Agency Public Protection Arrangements

Date information

Automatic Release Date

Parole Eligibility Date

Non Parole Date

Extended Licence Expiry

Licence Expiry Date

Sentence Expiry Date

Life Licence

Home Detention Curfew

Referral Date

Date Place Required

Details of person making the referral

Full Name

Address

Tel

Email

Details of Offender Manager or Social Worker

Full Name

Address

Tel

Email

Other e.g. Offender Supervisor / Solicitor / Chaplain / Family / Friend (circle as appropriate)

Full Name

Address

Tel

Email

3 Current Legal Status (continued)

Documents to be forwarded:

- Previous convictions (up-to-date)*
- Pre-sentence Report*
- OASys / Relevant Risk Assessment document*
- MAPPAs Minutes (previous two sets)
- Psychiatric / Psychological Report
- Parole Assessment Report
- Community Care Assessment
- Licence

*Mandatory – the requirement of this information is supported by Probation Circular April 2013 and Langley's Service Level Agreement with the Ministry of Justice. **Failure to provide this information will result in a delay to your application.**

N.B. For some applicants this information may not be available. This does not mean that these applications will not go forward. They will need to be approved by the Referral Team.

4 Further Client Details

History of suicidal / self-harm behaviour (please give details)

Substance abuse history:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Benzodiazepines |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Cannabis | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Misused prescribed drugs | <input type="checkbox"/> New psychoactive substances |
| <input type="checkbox"/> Steroids | <input type="checkbox"/> Solvents (inc. gases & glues) | |
| <input type="checkbox"/> Other (please give details) | | |

State main drug if more than one substance used

4 Further Client Details (continued)

Details of physical or medical disability, including current medication and dosage

Has the individual ever been sectioned under the Mental Health Act? Yes No

Details of psychiatric history, including any medication and dosage

Cultural Requirements

Preferred language (if NOT English) Written Spoken

Is an interpreter required? (please give details)

Please state any specific religious requirements / observances followed

Special dietary requirements

5 Equal Opportunities

All Housing Associations are required to collect data about an applicant's age, disabilities, gender or gender identity, ethnicity, religion or belief and sexual orientation. The information will be used solely for monitoring purposes to ensure that our policies and procedures are effective. The Trust is committed to the principles of fairness, consistency, meritocracy and equality of opportunity. No applicants will be discriminated against regardless of their age, colour, disability, ethnicity, gender or gender identity, race, religion or belief and/or sexual orientation. No applicant will be discriminated against if they do not wish to complete this part of the form, which is optional.

Please tick any statement that is appropriate to you:

- Dyslexic
- Deaf / hearing impaired
- Wheelchair user
- Registered disabled
- Learning disability
- Illness / disability not listed (please give details)
- Blind / partially sighted
- Require personal care support
- Mobility difficulties
- Mental health difficulties
- Unseen disability e.g. diabetes, sickle cell

Please tick the box that best describes your race and ethnicity

- White:** British Irish Other
- Mixed:** White & Black Caribbean White & Black African White & Asian Other
- Asian or Asian British:** Indian Pakistani Bangladeshi Other
- Black or Black British:** African Caribbean Other
- Chinese or Ethnic group:** Chinese Other
- Refusal:** Not stated

Please tick what you consider your sexual orientation to be

- Opposite sex
- Same sex
- Either sex
- Declined to answer

Please tick if you have been gender reassigned

- Yes
- No
- Declined to answer

My religion / belief is

6 Consent for Data Processing

This permission can be given on a separate sheet and attached

I give my permission for Langley Trust to hold and process information about me as well as to pass information to appropriate third parties in order to:

- Decide whether to offer me a place
- Assess me and manage my progress while I am a resident (if admitted)
- Help me plan for a satisfactory move on

Signed

Date

(signature of person being referred)

IMPORTANT: failure to provide a signature will result in a delay to your application

How you heard about our services

1. Person being referred / self-referral

- | | |
|---|---|
| <input type="checkbox"/> Recommended by resettlement officer / probation officer / chaplain | <input type="checkbox"/> Saw listing in a directory |
| <input type="checkbox"/> Saw advert in | <input type="checkbox"/> Via the Langley website |
| <input type="checkbox"/> Heard about Langley at a conference | |
| <input type="checkbox"/> Other (please state) | |

2. Professional / person making the referral

- | | |
|--|---|
| <input type="checkbox"/> I routinely make referrals to the Trust | <input type="checkbox"/> Saw listing in a directory |
| <input type="checkbox"/> Saw advert in | <input type="checkbox"/> Via the Langley website |
| <input type="checkbox"/> Heard about Langley at a conference | |
| <input type="checkbox"/> Other (please state) | |

Any additional information (e.g. your expectations of this placement / length of stay / move-on plans)

Langley Trust, Referrals Team, PO Box 6364, Coventry, CV6 9LL

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