

Strictly confidential

Expression of interest form



- Housing for over 55s

Please complete this form fully and return to us by

Please email the completed form to

or post to:

Nottingham Community Housing Association

Tel:

NCHA have charity status and therefore you would not have the Right to Buy.

If you require translation services, the assistance of an advocate, or any other assistance, please contact the office using the details above.

	Customer one	Customer two
Title		
First name(s)		
Surname		
Date of birth		
National insurance number		
Current address		
Contact telephone number		
Email address		
Preferred contact method	Phone Letter	Email Text

Details for next of kin:

Full name		
Full address		
Contact number		
Email address		

Does anyone deal with your affairs on your behalf? e.g power of attorney	Yes	No	Yes	No
	Name:		Name:	
	Address:		Address:	
	Contact no:		Contact no:	
Would you like them to attend future meetings or receive correspondence?	Yes	No	Yes	No

What is your preferred language?		
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If it is sign language, tell us which type:

British Sign Language

Makaton

Other

Would you find it useful to receive information in the following formats?

Large print

Audio / DVD

Braille

Which of the following options best describes your ethnicity?

	Customer one	Customer two
White: British		
White: Irish		
White: Other		
Mixed: Other		
Mixed White & Black African		
Mixed White & Asian		
Mixed White & Black Caribbean		

Black/Black British: Other		
Asian or Asian British Bangladeshi		
Asian or Asian British other		
Asian or Asian British Indian		
Asian or Asian British Pakistani		
Black or Black British Caribbean		
Black or Black British African		
Black or Black British other		
Chinese or other Ethnic Group		
Other, please specify		

What is your nationality?		
Are you a European Migrant worker? If yes, please tell us your country of origin:		

Which of the following options best describes your disability?

Hearing impairment		
Learning impairment		
Long term illness		
Mobility impairment		
Visual impairment		

Mental/Emotional		
Wheelchair user		
Electric mobility scooter		
Other - Please state:		

Do you have a religion or belief? (Optional)		
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What is your sexual orientation (Optional)		
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Additional information

Any other members of the household:

First name	Surname	M/F	Date of birth	Age	Relationship to applicant	National Insurance number

Please provide details of any pets moving in with you:

Dog	Yes		How many?	
Cat	Yes		How many?	
Details of other pets? (please state what and how many)				

Does anyone in the household receive support from any agencies? i.e. social services, probation:

Household member	
Reason for support	
Agency	
Name of support worker	
Telephone	
Email address	
Will the support continue when you move?	

Do any of the following apply to you?

	Customer one	Customer two
Homeless		
In temporary and/or supported accommodation		
I am a refugee/asylum seeker		
Domestic violence/abuse		
Ex-service personnel		
Difficulty reading and or writing in English		
Drug/alcohol and/or other addiction problems e.g. gambling		
Are you experiencing difficulties in your current property, eg maintenance stairs isolation		
Severe/multiple debt problems including rent arrears/threat of eviction/repossession		
Third party deductions in place (e.g. for fines, utility arrears, etc.)		
Family have a mining connection		

Please tell us why you are applying for independent living accommodation for people aged 55 years and over?

Health

GP details Name and address	
Please tell us about your physical health?	

Do you have any particular health conditions?	
How do they affect you on a daily basis?	

Do you use a manual wheelchair?	Yes	No
Do you use an electric wheelchair?	Yes	No
Do you use a mobility Scooter?	Yes	No
Do you have a car?	Yes	No
Have you had any problems with falls in the last 12 months?	Yes	No
If Yes, in the last 12 months how many falls have you had? Do you know why you fall?		
Do you smoke?	Yes	No

Please tell us what assistance you would need to live independently.

Do you already have in place or need support with any of the following:

	In Place	Need
Personal care / carers		
Shopping		
Cooking		
Household chores		
Laundry		
Aid / adaptations		
Assistive technology		
Correspondence support for letters or utility companies etc		
Socialising		
Digital skills		

Anything else not listed:

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Mental health

Have you ever experienced any mental health difficulties?	Past	Current	None
Please give details:			

Details of any current diagnosed mental health difficulties:

Diagnosis	When was this diagnosed?	Medication details	Treatment details	Professionals involved

Are you aware of any potential triggers which may affect your mental health?
E.g. Dates, phobias, anxieties

Details:

Have you ever been under a mental health section?	Yes	No
If yes, please give details:		

Alcohol and drugs

Do you drink alcohol or take any illegal substances?	Yes	No
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If yes, please give details:

Substance	Frequency	Amount	Method	Effects on behaviour

Does this cause you any difficulties?	Yes	No
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If yes, please give details:

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If yes, would you welcome support from drug and alcohol services?	Yes	No
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Vulnerability

Are you at risk from anyone hurting or intimidating you?
For example

- from a previous partner or family member
- from anti-social behaviour where you live now
- from people asking you for money

If yes, please give details:

Do you require support to protect yourself from everyday dangers or may your behaviour cause a danger or risk to others?

If yes, please give details:

Current housing information

Where have you lived in the last five years or more, if possible.

Please provide all addresses with the most recent first excluding your current address:

Address	Dates from and until	Reason for leaving	Name and address of landlord

Who is your current landlord?		
What is the name of your housing officer?		
Contact number		
Postal or email address		

Have you have ever been evicted from any tenancy?	Yes	No
If so, please tell us why		

Do you owe your current landlord or any previous landlord any rent?	Yes	No
If so, please provide details of the landlord you owe rent to, how much you owe and details of any payment plans in place		
What type of property do you prefer? Flat or bungalow?		
Do you need ground floor accommodation? Please explain why		

Have you lived in an NCHA property before?	Yes	No
If you ticked 'Yes' what was the address?		

If you currently live in an NCHA property are you applying for a transfer?	Yes No	
If you no longer live in an NCHA property, why did you leave?		

Provide details if anyone in the household is related to any colleagues or committee members of Nottingham Community Housing Association:

Aggression and criminal convictions

Have you ever been convicted of a criminal offence?	Yes	No
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Details:

Type of offence	Date of offence	Outcome e.g. custodial sentence, fine
Any offences pending?	Yes	No

Details:

Contact details for Probation Officer:

Do you have any history of arson?

Yes

No

Details:

Do you have any history of schedule one offences?	Yes	No
Details:		

Do you have any history of sexual offences?	Yes	No
Details:		

Are you on the sex offenders register?	Yes	No
If yes, how long for?		
Contact details of Management of Sexual and Violent Offenders Officer:		

Anti-social behaviour

Has anyone in the household been involved in any Anti-Social Behaviour incidents?	Yes	No
If yes, please provide details of the incident		

Do you or any member of your household have current or pending Anti-Social Behaviour Orders, Injunctions, or Acceptable Behaviour Contracts?	Yes	No
If yes, please tell us the offender, offence, date and sentence		

Income details

Work

	Customer one	Customer two
Are you currently working or are you claiming any benefits?		
Please state whether payments are weekly, fortnightly, four weekly or monthly.		
Hours a week worked – put 0 for Zero hour contracts		
Job title		
Employer name or self-employed?		
Wages		

Benefits:

	Customer one	Customer two
Universal Credit	Housing	Housing
	Personal	Personal
	Date paid	Date paid
Housing Benefit		
Tax Credits		
Job Seekers Allowance		
Income Support / Pension Credit		
Child Benefit		

	Customer one		Customer two	
Pensions	State		State	
	Occupational		Occupational	
Other income (please state what)				
Do you have savings over £16,000?				

Do you have the right equipment to access the internet?	Yes	No
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Are you confident in accessing the internet to manage Universal Credit claims?	Yes	No
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Would you like help with confidential benefits advice and with making benefits claims?	Yes	No
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Do you have any outstanding debts? If yes:	Yes No	
Who to	Amount	Payment plan in place

Finally...

Is there anything else you want to tell me about, or are concerned about?

Privacy notice

Nottingham Community Housing Association
Clifton Place
9 Fairham Brook Drive
Clifton
Nottingham
NG11 8PY

This notice will explain what personal information we collect from you and how we will collect it. The full description of how and why we do this can be found below.

What information do we collect and why do we collect it?

We collect information about you when we are asked to provide care and support services to you or as part of your ongoing care and support. This includes your personal characteristics and other sensitive information that is essential for the services we provide. We also collect information when you complete customer surveys or provide feedback.

How will we collect this information?

All information will be collected from you either personally or from information given to us when you enter into an agreement or contract with us. We will also collect information as part of your ongoing care and support, including support plan updates, reviews, from application forms and other customer feedback.

Any information given about you as part of a referral from another organisation, Member of Parliament or Councillor will normally be done with your consent and knowledge of why they are making a referral for our services.

How will we use it?

We use this information to make decisions about your personal care and support needs. This helps us to work with you to agree what you need and make sure that our services are safe and effective. We will also use the information to work with others who are involved in providing your care and support.

Your information will be used for repairs and maintenance services where we are responsible for your home.

Who will we share it with?

We will not disclose any information that you provide 'in confidence' to anyone else without your permission. However, we may be required to disclose your information by law, or where we have good reason to believe that failing to share the information would put someone at risk. On occasions we will provide information to other organisations that we work with on specific projects or to deliver services. This is done under strict agreements regarding the security and confidentiality of all personal information.

Access to your information and correction
You have the right to view any information the organisation holds about you. We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information you think is inaccurate.

Who and how to contact us

Please contact us if you have any questions in relation with this notice or the information we hold about you:

By email: data.protection@ncha.org.uk
By phone: 0800 561 0074
By post: Data Protection Officer,
Clifton Place
9 Fairham Brook Drive, Clifton,
Nottingham, NG11 8PY

Disclaimer

I agree that the information I have given is true and I have read and understood the Privacy Notice.

I understand that NCHA may seek to evict me if I deliberately give false or misleading information.

I consent to NCHA seeking a tenancy reference from my current or previous landlord. I have been made aware that enquiries may be made and information obtained from the previous landlords named on this form and other agencies should they be considered necessary to my application in accordance with Data Protection Act 2018

It is NCHA's expectation that as far as practically possible all applicants should sign or make their mark on this application form.

Signed (Customer one)		Date	
Signed (Customer two)		Date	

Where the person filling out the application form is not the customer(s), please sign and complete below:

Signed		Date	
Care Manager / Advocate / Other Person / Attorney / Guardian			
Employing Authority / Agency			
Address			
Telephone no		Email	