

Merseyside Accommodation Project Householder Application Form

Please complete in black ink

Section One – Personal Details

Full Name

D.O.B.

Address

Contact Numbers Home/ Work/ Mobile

Section Two- Members of Householders

Name	Occupation	Gender	DOB	Relationship to You

Have you or your children ever had any Social Service involvement? Yes / No

Do any of the above receive any benefits? Yes / No

If yes, please state who and what benefit

Section Three-Further Information

Please list your hobbies

What are your religious beliefs

Do you have any health problems Yes / No
If yes please outline the issue

Have you ever applied to become a Foster or Adopting Parent Yes / No
If yes, please give details of the application and its outcome.....

Please list any experience with Young People.....

Please indicate any areas in which you feel you may need guidance and support

Ethnic Origin

Section Four- Type of Accommodation

Accommodation

Detached Semi Flat Maisonette Bungalow

Landlord (please tick)

Council Housing association Private Owner/Occupier

Central Heating Garden/yard

Rooms in property Location of Y.P's room Living room/s Bedrooms

Toilet/s Bathroom/s

Number of Floors in property.....

Does the accommodation have central heating Yes / No
Do you allow smoking Yes / No
Do you have any pets Yes / No
If yes please specify

Section Five- Summary

Where did you hear about MAP
.....

Is there anything else you would like to add in support of your application
.....
.....
.....
.....

References

Please supply two references for MAP to contact, one should be your family doctor, the other a professional person who has known you for the last five years.

Name.....
Address.....
.....
.....
.....

Name.....
Address.....
.....
.....
.....

Signed.....

Date.....

Co-signed.....

Date.....

Please return completed form to Merseyside Accommodation Project, Mount Vernon Green, Liverpool, L7 8TF
If you have any questions regarding completion please ring 0151 705 2383/2

For use by MAP office

Date received.....

Assessed by

Action taken.....

.....

REHABILITATION OF OFFENDERS ACT

If the duties of the post you are applying for give you access to persons who are vulnerable or who are under 18 the post is exempt from the provision of Section 4(2) of the Rehabilitation Act 1974. **DISCLOSURES WILL BE REQUESTED IN THE EVENT OF A SUCCESSFUL APPLICATION.** Applicants are therefore not entitled to withhold information about convictions which for the purposes are 'spent' under the provisions of the Act. Any failure to disclose such convictions could result in your application to become a Registered Householder with MAP being refused. Any information given will be completely confidential and only applied in relation to this application for which the Exceptions Order 1975 applies. In the event we would ask that you complete this section.

I understand that the position of MAP Householder is exempt under the Rehabilitation of Offenders Act 1974 and I list below details of offences. (If none write NONE)

Date	Offence	Sentence

SIGNATURE

I confirm that to the best of my knowledge, the information given on this form is true and correct and can be treated as part of application to become a MAP Householder.

Signed:

Date: