

**Supported Lodgings Provider – Application Form**

**Completed by: ............................................................ Date: ..........................**

**Applicant One Applicant Two**

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| --- | --- |
| **Name:** | **Name:** |
| **Date of birth:** | **Date of birth:** |
| **Ethnic Origin:** | **Ethnic Origin:** |
| **Language Spoken:** | **Language Spoken:** |
| **Marital Status:** | **Marital Status:** |
| **Occupation:** | **Occupation:** |
| **Hours of Work:** | **Hours of Work:** |
| **Home Address:****Home Telephone Number:****Mobile:****Email address:** | **Home Address:****Home Telephone Number:****Mobile:****Email address:** |

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| --- |
| **Type of Accommodation:** |
| **Number of bedrooms available for supported lodgings:** |
| **Are you a homeowner or renter? If you rent, who is your landlord?** |
| **Children or other household members** |
| **Name****..............................................................****.............................................................****.............................................................****.............................................................****.............................................................** | **Age****..........****..........****..........****...........****...........** | **Status****..........................................****..........................................****..........................................****.........................................****.........................................** |
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| **Do you have any pets?** |
| **Do you have any potential lifestyle/health conflicts? E.g religious practices, smoking, vegan diet, allergies etc?** |
| **Are there any health or medical issues in the family?****(please specify)** |
| **Do any household members have criminal offences we need to be aware of?****(please specify, an enhanced DBS check will be completed with all successful applicants)** |

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| **Why do you wish to offer lodgings to a young person?** |
| **Any information you wish to add?** |
| **Please give the names and addresses/email addresses of two referees?**1. **............................................................. 2. ..............................................................**

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**Thank you for filling in this form.**

Please return to: **Business Support**

businesssupport@backup-charity.org.uk

 BACKUP North West

 Bridgeman House

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 Bolton

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