

**Supported Lodgings Provider – Application Form**

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

**Applicant One Applicant Two**

|  |  |
| --- | --- |
| **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:** |

|  |  |  |
| --- | --- | --- |
| **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**  **..........................................**  **..........................................**  **..........................................**  **.........................................**  **.........................................** |
|  | | |
| **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. ..............................................................**   **.............................................................. ..............................................................**  **.............................................................. ...............................................................**  **.............................................................. ...............................................................**  **............................................................. .................................................................** |

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

Please return to: **Business Support**

[businesssupport@backup-charity.org.uk](mailto:businesssupport@backup-charity.org.uk)

BACKUP North West

Bridgeman House

77 Bridgeman Street

Bolton

BL3 6BY