



LANGLEY TRUST

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 8 and return the form to the address in Coventry at the top of page 2.
- Please include photo ID when you submit your application.
- We will write to you to let you know when we have received your application form and to let you know what happens next.

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 if you are filling in the form by hand.***

If you have any difficulty completing this form, please contact:
the **Referrals Team:**

02476 587360
referrals@langleytrust.org.cjsm.net

or the **Care Team:**

07979 500 784
carereferrals@langleytrust.org.cjsm.net

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
---------	---------------------------	-----------------------------------	--------------------

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:

- | | | |
|--|--------------|--|
| MAPPA L1* | MAPPA L2* | MAPPA L3* |
| MAPPA cat 1* | MAPPA cat 2* | MAPPA cat 3* |
| CPPC (Critical Public Protection Case) | | Bail/Remand |
| ACR (Automatic Conditional Release) | | DCR (Discretionary Conditional Release) |
| HDC (Home Detention Curfew) | | YOI (Youth Offending Institute) |
| Life Licence | | IPP (Imprisonment for Public Protection) |
| SHPO (Sexual Harm Prevention Order) | | 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 Probation Practitioner or Social Worker

Full Name

Address

Tel

Email

Other e.g. Prison Offender Manager, Solicitor, Chaplain, Family, Friend (circle appropriate)

Full Name

Address

Tel

Email

3 CURRENT LEGAL STATUS (CONTINUED)

Documents to be forwarded:

Copy of the Pre Sentence Report and Parole Assessment Report if appropriate and redacted where necessary

Offending history by email with reference to offending history, or through providing the PSR; not the PNC.

OASys sections can be provided like the RMP etc; redacted where necessary. Full OASys can be provided if it is deemed proportionate

Licence Conditions can be provided

Any documents not owned by probation will require permission from owner to share with Langley Trust

Note: The requirement for this information is supported by the Information Sharing Agreement between Langley and HMPPS

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 Referrals Team.

4 FURTHER CLIENT DETAILS

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

Substance abuse history:

Alcohol	Amphetamines	Benzodiazepines
Crack	Cannabis	Cocaine
Ecstasy	Hallucinogens	Heroin
Methadone	Misused prescribed drugs	New psychoactive substances
Steroids	Solvents (inc. gases & glues)	
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 | Blind / partially sighted |
| Deaf / hearing impaired | Require personal care support |
| Wheelchair user | Mobility difficulties |
| Registered disabled | Mental health difficulties |
| Learning disability | Unseen disability eg. diabetes, sickle cell |
| Illness / disability not listed (please give details) | |

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
<i>(signature of person being referred)</i>	

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

Recommended by resettlement officer / probation officer / chaplain

Saw advert in

Saw listing in a directory

Heard about Langley at a conference

Via the Langley website

Other (please state)

2. Professional / person making the referral

I routinely make referrals to the Trust

Saw advert in

Saw listing in a directory

Heard about Langley at a conference

Via the Langley website

Other (please state)

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

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

T 02476 587360 **E** referrals@langleytrust.org.cjsm.net

Langley House Trust (working name 'Langley Trust')

Registered Charity No. 1146304 Registered Social Landlord No. 4693

