



**Adam Outreach Project LTD**  
**“From Homeless to Hope”**  
29-30 Kirkley cliff road, Lowestoft, Suffolk, NR33 ODB  
Tel: 01502- 560956

## **Application form for Accommodation**

**This application for accommodation should be filled in by those referring the applicant. No guarantee of accommodation is given at this stage and applicants should note that false information could lead to refusal and/or removal from the premises.**

**Name of applicant**.....

**Date of Birth** .....

**National Insurance Number** .....

**Referred by** .....

### **GUIDELINES FOR THIS APPLICATION FORM**

1. The content or any part of this application including any additional reports and statements will be treated in accordance with the Adam Outreach Project confidentiality policy. The content or any part of this application may be discussed with the applicant at any interview.
2. The Adam Outreach Project cannot accept applications from any person who is diagnosed with serious mental health problems, or is currently using alcohol or street drugs.
3. It is important that all questions are answered as fully as possible, which will shorten the time taken to evaluate the



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application. We would ask you to be open and honest with us to greatly assist us to determine if we can support you.

4. Disclosure of information: all applicants will need to sign and date the Consent Form at the back of this document.
5. Completion of this application does not guarantee a place at the Adam Outreach Project.
6. Where applicable each applicant should have a reference from the Probation or Resettlement Officer, Custody Officer, Chaplain, Support or Social Worker.
7. Where applicable each application should be filled in with the help of one of the above which will help to insure that the information given is accurate.
8. The applicant should be aware that it is the policy of the Adam Outreach Project to undertake random drug and alcohol testing. On submitting this application it is deemed that the applicant agrees to this policy.
9. The applicant, if accepted into the Adam Outreach Project, will read and agree to abide by the "Guidelines and Boundaries" leaflet which will have been given to the applicant at the same time as this application form.

**We will make a decision when we have received all the information appertaining to this application and have made any relevant enquiries**



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**Current Address**.....

.....

**Mobile Telephone Number**

.....

**Previous Addresses in the last six years with dates:**

1.....

2  
.....

3.....

4  
.....

5  
.....

6 .....

**Do you have family?**

**Parents**.....

**Wife/Partner**.....

**Children**.....  
.....



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**Name and Address of Next of Kin**

.....  
.....  
.....  
.....  
.....

**Please give full details and dates of :**

**Drug abuse**.....

.....  
.....

**ill health**.....

.....  
.....

**mental health**

.....  
.....

**irrational behaviour /self-harm**

.....  
.....

**In regards to the above, is there any past or current treatment being undertaken?**

.....

**Name of Benefit and Amount (if applicable)**

.....



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**Frequency of payment**  
.....

**Current Medication including reason and dosage:**  
.....

**Have you ever committed: (please give full details)**

**Arson ( Yes/ No)**

**Criminal damage ( Yes/No)**

**sex offenders’ register ( Yes/ No )**

**Details if  
neccasary.....**

**The following questions relate to those currently serving a custodial sentence or have served a custodial sentence in the past.**

**Prison No.....**

**What are you currently sentenced for?**  
.....  
.....

**Length of Sentence**  
.....

**Release Date .....**



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**Licence Expiry Date**

.....

**Previous Convictions**

.....  
.....  
.....

**In your own words, tell us what support you feel you need, and what are your hopes and expectations for the future?**

.....  
.....  
.....  
.....  
.....  
.....

**If accepted, are you willing to participate in the program of the Adam Outreach Project to aid your recovery.**

**Yes/No**

**To the best of my knowledge I declare that the information supplied in this application form is correct and factual.**

**Signature .....**



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Date .....

**PERMISSION TO OBTAIN INFORMATION FROM EXTERNAL ORGANISATIONS**

The General Data Protection Regulation (GDPR) is an EU Directive. It requires that we obtain your permission before we contact external organisations to obtain information about you. Whilst using the services of Adam Outreach Project we may need to obtain information from other organisations you are currently in contact with or have been in contact with in the past. We do this to help co-ordinate your support so that you get the most out of the service we provide.

Agencies authorised for us to contact:

<b>Agency (If Relevant)</b>	<b>Contact Details (Name &amp; Phone No.)</b>	<b>Obtain Information Relevant to Residency/Health</b>	<b>Share Information Relevant to Residency/Health</b>
<b>Probation/180 Team Police</b>			
<b>Social Worker</b>			
<b>GP/Doctor/Medical Professional</b>			
<b>Local Authority</b>			

<b>Reference (Character, Employment or</b>			
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<b>Previous Tenancy)</b>			
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**Client Name** ..... **Signature** ..... **Date** .....