



THE CHARTERHOUSE – KINGSTON UPON HULL

Founded in A.D. 1384 by Michael de la Pole, 1st Earl of Suffolk

Registered Charity Nr: 225257
Almshouse Association Nr: M977

The Charterhouse is a Christian Foundation providing housing for people under license who have had a long term connection to Hull, are in need and over 60 years of age.

Data Protection Statement: *It is part of the Trustees' responsibilities to ensure that applicants for the almshouses are suitably qualified under the terms of the charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. **The Charity complies with the regulations for data security under the Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR). The data we collect has been classified as Sensitive Data under Article 9 of UK GDPR. We have strong procedures and policies in place to protect the collection and storage of data.** The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file. **Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.*

Section 1. About you

Name(s) in full

Address

.....Tel nr:

Length of time at this address Council tax band

Date(s) of birth Age(s) Marital status

Employment History – please give details of your current occupation (if any) and brief details of your employment history

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How did you hear about The Charterhouse?

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Section 2. About your family

Next of kin

Relationship

Address

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Telephone Nr:

Section 3 – About your present home

Type of accommodation (e.g. 3 bedroomed house, 2 room flat):

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Do you, or your spouse, own it? Yes/No

If 'yes', what is its present estimated value? £

Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write NONE

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If you do not own the property where you currently live, who does own this property?

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Is this person related to you in any way? If **YES** what is the relationship?

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If you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

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If rented, please give the name and address of landlord:

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Current rent £..... Per week

Do you receive Housing Benefit or other Benefits to help with housing costs? Yes/No

Do you receive Council Tax discount or reduction? Yes/No

Why do you wish to leave your present accommodation?

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What are your intentions regarding your current accommodation if you are appointed to an almshouse?

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If you or partner own property other than the one in which you live now, please give details below. This should include property owned abroad as well as in the UK:

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Section 4 – your Income

To enable the trustees to assess your application, please provide the following information. This should include details of all sources of income and state how frequently you receive them, e.g. weekly, monthly or annually:

	Amount	Frequency
<p>Pensions</p> <ol style="list-style-type: none"> 1. State retirement pension 2. Pension paid by a past employer 3. Private pension 4. Widow's or Widower's 		
<p>Social Security Benefit</p> <ol style="list-style-type: none"> 1. Pension credit 2. Attendance Allowance 3. Universal credit 4. Any other benefits 		
<p>Employment or self-employment</p> <p>Please explain type of employment and hours of work.</p> <p>You will be required to bring evidence of earnings such as payslips or proof of earnings (if self-employed) to interview</p>		
<p>Other Income</p> <ol style="list-style-type: none"> 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 5. Renting property or land that you own 6. Grants from charity 7. Financial assistance from relative/friend 8. From a trust fund 9. Any other income – please give details 		

Section 5 – Your Capital

1. Bank accounts: Current Balance

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2. Building Society accounts: Current Balance

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3. Shares: Current Value

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4. National Savings (e.g. National Savings Certificates): Value

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5. Unit Trusts: Current Value

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6. Premium Bonds: Amount held

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Section 6 - Borrowing

Do you have any loans or other debts outstanding? If so, please provide details.

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Section 7 – About your Health and Social Factors

Are you able and willing to live independently and look after yourself and your accommodation? YES/NO

Please give details of any significant illnesses, injuries or operations during the last five year

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Are you currently receiving treatment for any illness? YES/NO

If Yes, please give details below:

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Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application? YES/NO

If Yes, please give details below:

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Name and address of your GP

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The charity may wish to write to your GP asking to complete a medical certificate to enable your application to be considered further. If you are appointed as a resident and, at a later date, trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report. Please sign and return the enclosed form in which you consent to the charity contacting your GP to authorise them to provide us with medical information about you either now or in the future/

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES/NO. This information will be processed solely for the purposes of this application.

If 'YES', please provide details:

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Section 8 – References

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the charity may approach for a reference. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees. We will never disclose sensitive personal data to the referees but will supply them with basic information regarding you and your application

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Section 9 – Additional information (optional)

Applicants should be aware that almshouses are intended to be a community, and in this instance a Christian one where worship forms part of its weekly life, enabling residents to live sagely together. If you wish to make any other statements in support of your application and suitability for almshouse accommodation please use the space below.

Section 10 – Declaration

I have read the charity’s Conditions of Entry and believe that I meet the beneficiary criteria to live in one of the charity’s almshouses.

I declare that the information given in this application is correct and complete to the best of my knowledge and belief. **I understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given as a result of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).**

I have read this application form carefully and the charity’s Residents’ Handbook) and agree to abide by them should I be appointed to an almshouse.

I confirm that I am able to look after myself and live independently, with the assistance of family and social services if necessary.

I consent to my GP or other medical attendant providing the charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.

I consent to the charity holding personal and sensitive data relating to me and my personal circumstances in accordance with the General Data Protection Regulations (GDPR).

I understand that I have the right to request access to the information that is held by the Charity relating to my data. I understand that I have the right to decline to provide information requested within this form.

The charity is obliged to check the immigration status of prospective residents and will need proof of identity such as a passport or driving licence.

I agree that the charity may contact me by: (please tick as appropriate)

- email
- post
- telephone

Signature

Name
(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date

Please return your completed application to: The Clerk to the Trustees
The Charterhouse
Charterhouse Lane
Kingston upon Hull
HU2 8AF



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Authorising the request for medical information from my General Practitioner.

Applicants full name

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Current address

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Date of Birth

.../.../.....

Doctor's name.

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Practice address

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I hereby authorise the Trustees of The Charterhouse Kingston upon Hull to request such information from you as my doctor in accordance with the conditions contained within the applicant form.

Name (BLOCK CAPITALS)

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Date

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