Jonathan & Rebecca Lloyd Edwards Charity Trust

(Associated Gladys Banks)

This form is confidential and will provide the information required for the Trustees to consider your application.

**If you have any problem completing this form – we can give you some help**

*Data Protection - The information on this form will be treated in the strictest confidence and will not be passed on to any third party.*

*Please provide any accompanying documents you feel are relevant and use additional sheets if required.*

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| **SECTION 1 - Applicants details** |
| **First Name: Other Names: Surname:** |
| **Current Address**  **Post Code**  *If less than 3 years please provide previous address;* |
| **Personal Details Contact Information**   |  | | --- | | **Home Number:** | | **Mobile:** | | **E Mail Address:** |   **Which is your preferred choice of communication with JRE Charity Trust?**  *Please tick one preference*   |  | | --- | | **Mobile** | | **E Mail** | | **Text** | | **Post** | | **Town & Country of Birth: Date of Birth:**  **National Insurance Number:** | | | | **Next of Kin: Relationship**  **Next of Kin Contact details:**  *(In case of emergencies)* | | | |
| **SECTION 2 - Why are you applying?** |
| **Please tell us in general terms why you wish to be considered to become a resident** |
| **SECTION 3 – Health and Mobility** |
| **Are you able to care for yourself on a day to day basis Yes / No**  If no please provide details of what help you rely on  **Are you fully mobile without the aid of specialist equipment Yes/ No**  If no please provide details of any mobility issues  **How would you rate your general state of health Good / Average / Poor**  Please provide details of any long term health issues you suffer from (Doctors information)  **Name of Doctor and Surgery you are registered with:** |
| **SECTION 4 - Benefits** |
| **Are you eligible for any housing benefit or benefits from any source? If so what benefits do you receive or do you expect to receive?** |
| **SECTION 5 – Where you currently live** |
| **Please tell us about where you currently live, Do you own the property, do you rent it, is it a family members property?** |
| ***SECTION 6 – Employment*** |
| **Are you currently employed? If so state current occupation and whether full time / part time / occasional.**  **If retired / unemployed state last occupation and date of retirement /unemployment** |
| **SECTION 7 – Assets** |
| **Please provide details of any assets owned by you and/or your partner and their value. (this information is kept strictly confidential)** |
| Property |
| Vehicles |
| Investments and shares |
| Savings |
| **SECTION 8 – Income/Outgoings** |
| **Please provide details of your weekly/monthly Income from all sources.**  *Please either use weekly OR monthly and indicate here which*  *Weekly Monthly* |
| Wages |
| State Pensions / Pension Credit |
| Occupational / other Pensions |
| Benefits |
| Support from family |
| Any other Income |
| **Total Weekly/Monthly Income:** |
| **Please provide details of your weekly outgoings** |
| **Housing costs** –  Rent  Council Tax  Service charge  Other |
| **Utilities:**  Gas  Electric  Telecoms/Broadband  TV  Other |
| Food costs |
| Travel/transport costs. |
| Loans/Hire Purchase repayments |
| Bank Overdraft |
| Clothing expenses |
| Other (please specify) |
| **Total Weekly/Monthly outgoings** |
| **SECTION 9 – Additional Information** |
| **Is there anything else you wish to say, perhaps you have other documents in support of your application that you wish to show us.**   |  | | --- | | **SECTION 10 – Character Reference** |   *Please provide contact details for a person that can provide a character reference preferably someone who has known you for sometime*  **Name:**  **Contact Details**  **Address**  **Post Code**    **Telephone Mobile Number**  **E Mail Address:** |
| **SECTION 12 - Declaration** |
| **I declare that the information provided above is a true reflection of my circumstances.**  **I understand that:**   1. **Any false information provided may render my application void, or may lead to termination of my licence to occupy.** 2. **JRE Charity Trust is an Almshouse Charity** 3. **There is no warden on site.** 4. **As the Charity do not provide round the clock cover or any staff we are not able to undertake any personal care.** 5. **It is therefore very important that we know if at the time of entering our scheme you are completely independent or, supported by home help, district nurse, or meals on wheels or require help with any daily functions.** 6. **Should my circumstances change (Health, Disability or Financial) that my continued occupation of a property of JRE Charity Trust may no longer be appropriate and I may need to seek alternative arrangements.**   **Signed………………………………….. Date ………………………………** |

**Please return to:**

12 Spinnaker View. 2 Weston Road Weymouth Dorset DT4 8JG

either by Post or Email