

CORK FOYER HOUSING APPLICATION FORM

Please complete and return your application form, with a referral form, if applicable, to the Foyer Manager, Cork Foyer, Assumption Road, Blackpool, Cork. Please mark strictly private and confidential.

THIS APPLICATION CANNOT BE ACCEPTED AND WILL BE RETURNED TO YOU IF YOU DO NOT PROVIDE A PPS NUMBER AND PROOF OF BENEFITS/INCOME

If you require any assistance in completing this application, please do not hesitate to contact a member of staff.

PERSONAL DETAILS	
Today's Date/	/
Full Name	
Date of Birth/	/ AgeYearsMonths
Personal Public Service Number	
Current Address	
How long have you lived at this ad-	dress?YearsMonths
	ness!nearsnontinis
Contact Telephone Number	
Is it OK to contact you:	At the above address? Yes o No o On the above number? Yes o No o

Please provide	Name of Person to contact:				
alternative contact details	Address:				
If you cannot be					
contacted at the above					
address or number					
	Tel:				
HOUSING INFORMATION					
Do you have the name	Name:				
and address of a next of	Relationship:				
kin or relation that we can	Address:				
contact?					
	Tel:				
•					
Are you:					
 Living with parents/g 	uardians	o	Hostel/Housing Association		
 Bed & Breakfast 		O	Sleeping rough		
 Private rented 		O	Living with friends		
 Council Property 		O	Care/Support Home		
 Living with other fam 	ily	o	Other:		
Explain briefly why you war	nt to leave:				
5					
Please give your 2 previous	addresses:				
Address			Detailet 0 manage familiarite m		
Address:			Date left & reason for leaving:		

Have you experience of living in State Care?

Residential/Foster or Other:	Dates you were in	n Care:
Have you lived on your own before? Yes	o No o	
If so, how well did		
you cope?		
INCOME AND EVERNOLLINE		
INCOME AND EXPENDITURE Details of your finances will help us to know	v whether you will	he entitled to Welfare Benefit or
other benefits if you move into the Foyer. V		
need in budgeting.	vo also nosa to k	now what kind of holp you might
3 3		
Please list details of your weekly incor		
Unemployment Benefit/Assistance, Disabilit	y Allowance, Inva	alidity Allowance etc. If you are
employed, please provide details of wages:		
Income Details		Amount
moome Botallo		7 tilloditi
	Total	€
Are your benefits paid? Weekly o	Other o Plea	ase state
Have you ever had your benefits stopped?	Yes o No o	
If yes, please provide details		

Please include details of any expenditure that you currently have including rent, loans, debts, or regular expenses you are repaying, including previous landlords:

Expenditure Details		Amount
	Total	€
_		
Does anyone pay your rent on your behalf i.e., Health S If yes, who?	Service Executive	Yes o No o
Name of Social Worker:		
Address:		
PERSONAL DEVELOPMENT		
Are you currently?		
o Working full time	o Volunteering	
o Working part time	o At college	
o Attending a training/FÁS scheme	o Looking for work	or training:
(& receiving social community/welfare benefit)		
Please provide details:		
At what age did you leave school, and do you have an us about at school or since leaving school?	y achievements that	you would like to tell
Age left school:		
Do you consider yourself to have a learning disability?	Yes o	No o
Do you need any help with numeracy or literacy?	Yes o	No o
What kind of training would you be interested in while li	ving?	

Have you recently seen a care	eers advisor? Yes o	No o
If yes, please give details:		
	k, work experience or work training scheme voluntary work. Please give dates.	es that you have had in
Employer	Position Held	Length of Employment
What type of work are you into	erested in doing?	
Please give details of any ho with, and how long ago?	obbies or interests that you have. Can you	remember where, who

WELLBEING/GENERAL SUPPORT

Understanding your physical and mental health needs will make it easier for us to decide what support and adaptations you might need if you were to live at the Foyer.

Please give details of any disability, medical condition, or special needs that you have:

Are you registered disabled?	Yes o No o
Do you use a wheelchair?	Yes o No o
Do you have difficulties climbing stairs?	Yes o No o
, and the second	
Please tell us briefly about any trauma or disruption you	may have experienced in your life that
you feel is still affecting you (for example relationship bre	
crime or being the survivor of sexual abuse - continue a s	eparate sheet if necessary).
· ·	•
WELL BEING/GENERAL CURRORT CONTINUER	
WELL BEING/GENERAL SUPPORT CONTINUED	
Llove you in the most or do you surrently suffer from	any form of montal illness including
Have you in the past or do you currently suffer from	·
depression and is there a history of self-harming?	Yes o No o
If you placed provide detailer	
If yes, please provide details:	
Have you ever had problems because of drug or alcohol u	use or violent behavior?
Yes o No o	
If yes, please provide details:	
Are you currently registered with a GP?	Yes o No o
•	
DO VOU DAVE A MEDICALCADO	
Do you have a Medical Card?	Yes o No o

GP Name:		
GP Address:		
Medical Card No:	Expiry Date:	
	se involved in providing care and support with any medical nunity Psychiatric Nurse, Home Help, Social Worker, etc.)?	
Do you have any cultural needs that details:	t the Foyer staff need to be aware of? Please provide	
Which of the following areas do you	think you may need some help with?	
 Cooking 	o Filling in Forms	
Personal Hygiene	o Budgeting	
o Cleaning	o Sharing with others	
-	-	

What motivates you?	What is your ambition?	Do you have any commitments?

What is your greatest personal achievement to date?
(A personal achievement can be anything from winning a race, gaining a qualification, giving up a substance, or learning something new – anything you feel proud of achieving).
Please note: Shortly after you settle into the Foyer, you will be asked to complete an Independent Living Skills Assessment with your Project Worker. This will allow us to identify any skills that you may need to develop before leaving the Foyer
OPEN TALENT
We believe that all young people can and should develop their talents to build a thriving future. We don't want to just support people to cope with what they haven't got by simply focusing on what they are not and can't do. We want to promote young people's goals and enable them to develop the skills, resources, and opportunities they need to achieve them.
 We want to engage young people in Open Talent – this means that both the young person and the Foyer are committed to achieving the young person's individual goals.
We want to offer young people their own package of support - by helping them to identify their goals and the steps they need to take to achieve these.
We want to connect young people to the right opportunities, resources, people, and places to develop their talents and achieve their goals.
We are taking this opportunity to ask you if there are skills or talents that you have which you want to develop more while at the Foyer. Or are there any areas of interest that you have always wanted to explore but never had the chance.
Skills/Talents/Interests:
1
2
2
3

PERSONAL HISTORY - OFFENDING

It is essential that this section be completed fully. The Information provided will be used as part of an assessment, and you will have an opportunity to add to this information at your interview. The assessment will give us the opportunity to decide whether something is still a relevant factor in your life, and if so, whether it can be managed safely if you were to live at a Foyer.

Have you ever been in trouble with the Garda or convicted	Yes o No o
of a criminal offence?	
If "Yes", please give details	
of all offences and dates:	
Give details of any current	
probation or other	
kind of community order.	
Include any current or	
previous bail conditions:	
	TN1
Diagon siyo nama and	Name:
Please give name and	Address
address of your Probation Officer.	
We will need to contact	
them for referral information:	
	Tallo
	Tel no
De view have any system diese	
Do you have any outstanding	
charges or court	
appearances, and fines. If so, for what?	
and inics. It so, for what!	

PERSONAL STATEMENT

Please say why you want to live at the Foyer, what you want to get out of the experience, and why you think you are <u>ready</u> for this kind of scheme:

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_
_
_
_
_
_

REFEREES

We need to contact somebody independent who can give us an opinion of you. It is best to put down somebody who has known you through work, training, or school, if possible.

Please provide 2 referees who have known you for at least 12 months **if possible**, such as an **employer** or **teacher**. References can also be supplied from Social Workers, Youth Workers, Probation Officers, and other professional agencies. If you have difficulty finding referees, we will accept references from family members or close friends.

_Re	eferee 1 Name, Address & Tel No:
Re	feree 2 Name, Address & Tel No:
ls t	there any agency or individual that you do not wish the Foyer to contact and why?
sa	claration: Please read this declaration carefully and sign and date it when you are tisfied that you understand it. Please note that applications will only be accepted nen it has been signed.
	Collection and use of data . The Foyer will use the data which you have supplied to assess and administer your application to live at the Foyer. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. The Foyer may also process this data for research purposes including in forward planning in the assessment of housing needs in conjunction with the Department of Housing, Planning, Community and Local Government and Foyer Federation.
	The Foyer may, for the purpose of it's functions under the Housing Act 1966 to 1998, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Siochána, the Department for Social & Family Affairs, a Health Service Executive or a Voluntary Housing Body approved for the purposes of section 6 of the Housing (Miscellaneous Provisions) Act, 1992, in relation to occupants or prospective occupants of, or applicants for, local authority housing, and of any other person the authority considers may be engaged in anti social behaviour.
	To verify information given, I understand that the Foyer will need to contact referees, agencies and or individuals specified on my application form. In addition, I understand that the Foyer encourages referral agents to maintain involvement with the applicant, where appropriate, and to attend licence review meetings to monitor my development.
	Compliance with the House Rules is essential for a successful scheme. You should clearly understand the House Rules for the Foyer and be willing to live within the restrictions of the house rules before you consider accepting any offer of a place.
	Declaration: I declare that the information and particulars given by me on this application are true and correct and I understand that the provision of any false or misleading statements may lead to this application being cancelled or may result in the termination of my licence. The Foyer reserves the right to exclude an applicant from

consideration for housing if he/she supplies false information or withholds relevant information on this form or at subsequent interviews. Applicant's signature: _____ Date: Have you completed this form yourself? Yes o No o If no, please provide the name of the person who has completed the application and their relationship with you? Name: Relationship: Are you under 18 years old? Yes o No o If yes, have you informed your parents/guardian of this application? Yes o No o **EQUAL OPPORTUNITIES MONITORING FORM** The Foyer operates policies designed to ensure that all applicants receive equal treatment, regardless of their ethnic origin, sex or physical disability. To enable the Foyer to monitor whether its policy is fully carried out, will you please provide the following information. This information will NOT affect your application, and if you would prefer not to answer the questions, this view will be respected. Do you identify as: Male o Female o Transgender o How would you describe your ethnic origin? o White Irish o Asian o White British o Black Caribbean o White Other: ___ o Black African o Black Other _____ o Mixed: white & black Caribbean o Mixed: white & black African o Chinese o Mixed: white & Asian o East European o Other___ o Mixed: Other _____ Do you consider yourself to have a Do you use a wheelchair? disability? Yes o No o Yes o No o

CITIZENSHIP

What is your citizenship status?

If you are not an Irish Citizen, what country were you born in?

o EU Citizen

o Non-EU Citizen

If you are a Non-EU Citizen, when did you first enter Ireland?								
If you are a Non-EU Citizen, on what basis are you staying in the Country?								
Asylum Seeker	o	Refugee	o	Leave to remain in Ireland	o			
Is English vour s	econd la	nguage?	Yes o	No o				

Confidentiality: All information disclosed for the application process will remain strictly confidential. The Foyer Staff will only contact the relevant agencies and individuals specified on your housing application or referral form. We are required to share this information to validate the information that you have provided and conduct a thorough needs assessment of your needs.

DATE	COMMUNICATION RELATING TO APPLICANT OR APPLICATION	STAFF ONLY