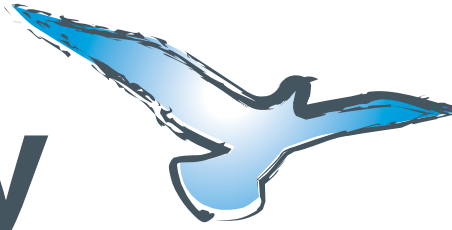


# langley house trust



helping people to live crime-free lives

## Service User Application Form

### **Guidance for completion of this form**

1. Complete as much of the application form as possible. There may be sections you cannot complete or only partially complete.
2. 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.
3. Do not worry if you cannot include any reports. LHT can obtain these.
4. Please sign the consent section and return the form to the address in Wakefield at the top of page 1.
5. If you have any difficulty completing this form, please contact the Central Referral Office on 01924 339413 for assistance.
6. We will write to you to let you know when we have received your application form and to let you know what happens.

Please complete this form as fully as possible and return it with supporting documents to:  
**Langley House Trust, Central Referral Office, PO Box 683, Wakefield, West Yorks, WF1 9NG**  
 Tel: 01924 339413 Fax: 01924 339524 Email: info@langleyhoustrust.org Website: www.langleyhoustrust.org

# Service User Application Form

## Preferred project (see Referrals Pack) or floating support service

\_\_\_\_\_ Don't know/Don't mind

## Applicants Details

Title \_\_\_\_\_ Surname \_\_\_\_\_

Forename/s \_\_\_\_\_ Marital status \_\_\_\_\_

Last Address (Prior to prison or institution) \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Registered Disabled (Please give details) \_\_\_\_\_

National Insurance number 

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Have you served in her majesties forces Yes / No  Army  Navy  Airforce

## Current Accommodation

Prison (Please name) \_\_\_\_\_ Prison number \_\_\_\_\_

Hospital (Please name) \_\_\_\_\_

Local Care Authority (Please specify area) \_\_\_\_\_

Registered Care Home (Please name) \_\_\_\_\_

Local Authority renting (name area) \_\_\_\_\_

Private Sector Renting (Name area) \_\_\_\_\_

Renting from Social Landlord (name area) \_\_\_\_\_

Homeless \_\_\_\_\_

Other \_\_\_\_\_

## Current Legal Status

MAPPA L 3  MAPPA L2  CPPC

Bail  ACR  DCR  HDC  YOI  Life Licence  IPP  SOPO  SOR

## 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 \_\_\_\_\_ Place Required \_\_\_\_\_

**For LHT use**

Client No.

Project

Date

Prev. No.

**Details of:**

**1. Person making the referral**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel \_\_\_\_\_ Email \_\_\_\_\_

**2. Offender Manager or Social Worker**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel \_\_\_\_\_ Email \_\_\_\_\_

**3. Other inc Offender Supervisor/ Solicitor/Chaplain**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel \_\_\_\_\_ Email \_\_\_\_\_

**Documents to be Forwarded**

Please attach the relevant reports via Statutory Services

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| Previous Convictions (up to date)  | Psychiatric/ Psychological Report |
| Pre sentence Report                | Parole Assessment Report          |
| OASys (full document)              | Community Care Assessment         |
| MAPPAs Minutes (previous two sets) | Licence                           |

*NB: For some applicants this information may not be available. This does not mean these applications will not go forward within Langley House Trust. They will need to be approved by the Central Referral Team.*

**History of Suicidal / Self Harm behaviour (Please give details)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Substance misuse history**

Last known use \_\_\_\_\_

- Type of drug used  Amphetamine  Crack  Cannabis  Heroin  
 Cocaine  Ecstasy  Alcohol  Other (please give details)

Main drug if more than one substance used \_\_\_\_\_

## Cultural Requirements

Preferred language (if NOT English) Written \_\_\_\_\_ Spoken \_\_\_\_\_

Is an interpreter required Yes / No Please give details \_\_\_\_\_

Please state any specific religious requirements / observances followed \_\_\_\_\_

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Special dietary requirements \_\_\_\_\_

## Details of physical or medical disability, including current ailments

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## Details of psychiatric history, including any medication and dosage

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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 or if you do not wish to complete this part of the form, which is optional.

Male  Female Date of Birth

Are you a Registered disabled person (have you got a Green Card)?  Yes  No

## Please tick any statement which is appropriate to you

- |   |   |
|---|---|
| <input type="checkbox"/> Dyslexic                               | <input type="checkbox"/> Require personal care support              |
| <input type="checkbox"/> Blind /partially sighted               | <input type="checkbox"/> Mental Health difficulties                 |
| <input type="checkbox"/> Deaf / hearing impaired                | <input type="checkbox"/> Unseen disability eg diabetes, sickle cell |
| <input type="checkbox"/> Wheelchair user/ mobility difficulties | <input type="checkbox"/> Learning disability                        |

Disability not listed above (please give details) \_\_\_\_\_

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**Please tick the group that best describes your race and ethnicity**

**White:**  British  Irish  Other \_\_\_\_\_

**Mixed:**  White and Black Caribbean  White and Black African  
 White and Asian  Other \_\_\_\_\_

**Asian or Asian British:**  Indian  Pakistani  Bangladeshi  Other \_\_\_\_\_

**Black or Black British:**  Caribbean  African  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**

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**Consent for data processing** (this permission can be given on a separate sheet and attached)

I give my permission for Langley House Trust to hold and process information about me as well as to pass on such information to appropriate third parties in order to:

- Decide whether to offer me a place
- Assess me and manage my progress whilst I am a resident (if admitted)
- Help me plan for a satisfactory move on

Signed \_\_\_\_\_ (signature of person being referred) Date \_\_\_\_\_

**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 LHT at a conference via LHT website

**2. Professional / person making the referral**

- I routinely make referrals to the Trust
- Saw advert in \_\_\_\_\_
- Saw a listing in a directory
- Heard about LHT at a conference
- Via LHT website

**Any Additional Information**

(What are your expectations of this placement? Length of Stay and move on plans)

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