



Comhairle Cathrach Chorcaí
Cork City Council

BISHOPSGROVE SUPPORTED STUDENT ACCOMMODATION APPLICATION FORM

Please complete and return the application form to the Foyer Manager, Bishopsgrove, Curraheen Drive, Bishopstown

Please mark strictly private and confidential.

REFERRING AGENCY

Cork Foyer Focus Ireland TUSLA Other _____

Name of Key/Social Worker _____

Length of time the Applicant has been known to you _____

APPLICANTS PERSONAL DETAILS & INCOME

Today's Date ____/____/____ PASS ID _____ (if applicable)

Full Name _____

Date of Birth ____/____/____ PPSN _____

Current
Address

How long have you lived at this address?

Contact Telephone Number

Email Address

Do you have the name and address of a next of kin or relation that we can contact?

Name:
Relationship:
Address:
Tel:

Weekly Income/payment & type _____

HOUSING

Are you currently registered for Social Housing and who with?

Cork City Council

Cork County Council

Other Please specify _____

Are you currently eligible for; Rent Allowance HAP

Please give a brief outline of your accommodation history over the last 3 years;

Why is Bishopsgrrove Supported Student Accommodation a suitable move for you at this time?

CURRENT EDUCATION OR TRAINING

Course Title _____

Educational Body/Organisation _____

Start Date of Course or Training _____

Envisaged end date of your Course/Training _____

Contact details of your current tutor/training provider;

PLANNED EDUCATION OR TRAINING

Course Title _____

Educational Body/Organisation _____

Start Date of Course or Training _____

Envisaged end date of your Course/Training _____

Contact details of your planned training provider:

EMPLOYMENT

Do you currently have a job? Yes No If yes, please specify;

Number of hours _____

Employers name and address;

Note; Bishopsgrove Supported Student Accommodation is not designed to accommodate and support young people in substantial paid employment or whose main source of personal development is online learning.

GENERAL SUPPORT

Understanding your mental wellbeing and health will make it easier for us to decide what support or adaptations you might need if you were to live at Bishopsgrrove.

Please give details of any disability, medical condition or special needs that we may need to be aware of:

Are you registered disabled? Yes No

Do you use a wheelchair? Yes No

Do you have difficulty climbing stairs? Yes No

PERSONAL HISTORY

Please provide details of anything that has happened to you in the past that may still affect you, your future studies, or your stay at Bishopsgrrove. This could include, but is not restricted to:

- Serious relationship problems
- Bad debt problems
- Problems with drugs
- Past trauma that you may have suffered
- Anger problems
- Getting into trouble with the law, including outstanding fines

Can we help to support you with this whilst living at Bishopsgrrove?

In addition to the Floating Support offered by the Partner Agencies at Bishopsgrove, please specify any support or contact from other agencies or individuals.

Name	Agency	Detail level & frequency of support	Contact number(s)

Declaration: Please read this declaration carefully and sign and date it when you are satisfied that you understand it. Please note that applications will only be accepted when it has been signed.

- Collection and use of data.** Bishopsgrove will use the data which you have supplied to assess and administer your application to live at Bishopsgrove. Data may be shared with other public bodies for the purpose of the prevention or detection of fraud. Bishopsgrove 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 & Local Government and Foyer Federation.

- Bishopsgrove may, for the purpose of its functions under the Housing Act 1966 to 2009, request and obtain information from another Housing Authority, the Criminal Assets Bureau, An Garda Síochána, the Department for Social Protection, 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.

- In order to verify information given, I understand that the Bishopsgrove will need to make whatever enquiries it considers necessary with agencies, and or individuals, specified on my application form. In addition, I understand that the Bishopsgrove encourages referral agencies 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 Bishopsgrove 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. Bishopsgrove 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.

Applicants signature: _____ Date: _____

Have you completed this form yourself? Yes No

If no, please provide the name of the person who has completed the application and their relationship with you?

Name:
Relationship