

CARE HOUSING APPLICATION FORM



RECEIVED

SCHEME REF NO

Please complete the form and return it to the appropriate office.
All information will be treated as confidential.

LOCATION

(Please tick which care house you wish to apply for)

City of Glasgow Munro Court, Anniesland*** Carntyne Gardens, Glasgow** Lochar Lodge, Pollok**	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	City of Edinburgh Craighall Road, Trinity* Haugh Street, Stockbridge*	<input type="checkbox"/> <input type="checkbox"/>	Falkirk Woodlands, Boness* Thornton Gardens, Bonnybridge*	<input type="checkbox"/> <input type="checkbox"/>
Fife Finavon Court, Glenrothes* Gillie Court, Dunfermline* Grants Bank, Dunfermline*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Greenock Rowan Gardens, Greenock****	<input type="checkbox"/>	West Lothian St Andrews Court, Uphall** West Port, Linlithgow*	<input type="checkbox"/> <input type="checkbox"/>
South Lanarkshire Langvout Court, Biggar*	<input type="checkbox"/>	Scottish Borders Milfield Gardens, Jedburgh*	<input type="checkbox"/>		

* Registered Care Housing for frail older people

** Registered Care Housing for frail older people who have dementia

*** Registered Care Housing for frail older people/Registered Care Housing for older people with dementia/
Nursing care for people with dementia.

**** Very Sheltered Housing

PERSONAL DETAILS

FORENAMES	SURNAME
ADDRESS	DATE OF BIRTH
	TELEPHONE NUMBER
	EMAIL ADDRESS
POSTCODE	

PRESENT HOUSING

Please provide your current address (if different from above):

Postcode Tel No.

Please tick the boxes which apply to your circumstances:

- I own my own home
- I am in rented property
- I am currently in hospital
- I live in another care home and wish to move
- I am in Bield sheltered housing and wish to move to Bield care housing

Next of Kin and/or anyone else you would like us to contact on your behalf to help with your application:

Name

Address

Postcode

Tel No. Mobile No.

Relationship to you Email address

YOUR RACIAL ORIGIN

WHITE

- Scottish
- Other British
- Irish
- Any other white background

BLACK, BLACK SCOTTISH OR BLACK BRITISH

- Caribbean
- African
- Any other black background

ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

MIXED

- Any mixed background

OTHER ETHNIC BACKGROUND

- Any other background

DOMESTIC SUPPORT

How much help do you need with the following?

	None	Some	A lot
Doing your housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing your food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing your shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CARE NEEDS

Do you need assistance with the following?

None

Some

A lot

Going to/rising from bed

Eating

Going to the toilet

Taking medication

Having a bath/shower

Doing your laundry

WALKING AIDS

Do you use any of the following?

Walking stick

Walking frame/elbow crutches

Wheelchair going out

Wheelchair at all times

PLEASE DETAIL ANY PHYSICAL AND/OR MENTAL HEALTH ISSUES WHICH IMPACT ON YOUR LIFESTYLE. Eg, visual impairment, hearing impairment, memory problems.

DO YOU GET COMMUNITY HEALTH SUPPORT?

Eg, District Nurse, Community Psychiatric Nurse, regular clinic/hospital attendance.

Daily

Weekly

Less Frequently

Reason:

Is any person covered by this application related to any member of Bield's Board, Committee or Staff?

If yes, please give details:

Name

Position held

Relationship to you

Would you like further correspondence in a different information format? Please tick.

Braille Large print Audio tape Community language Other

If you have ticked 'other' or 'community language', please provide details.

To apply for care housing with Bield Housing Association, we need permission from you to discuss your application with your local social work department. This requirement is part of our application process and has been agreed with the social work department.

Any information you give us is regarded as confidential and only shared with the social work department for purposes of allocation of any vacancies. For the Stockbridge care house, application information must also be shared with the Trinity Hospital Fund at Edinburgh City Council.

I do have a social worker

I do not have a social worker

Please give details of your social worker, if you have one:

Name

Address

Tel No.

DECLARATION

I give my permission for Bield Housing Association Ltd to discuss my application with Social Work Services.

Data Protection Act 1998. You should be aware that the information you have supplied on this form will be used by Bield Housing Association Limited (the "Data Controller" in terms of the Act) for the purpose of processing your application. If your application is successful, the information will be used for the purpose of care housing and support. The information may be disclosed to your doctor, the housing, health, social work and benefits authorities, other statutory authorities and our agents, including professional representatives and advisers and partner organisations for these purposes only. By submitting the attached form to Bield you are expressly consenting to the use of the information as outlined above. You have the right to ask for a copy of the information that Bield holds about you - for which we may charge a small fee. You have the right to have any inaccuracies in the information rectified.

Signed

Date

PLEASE RETURN YOUR FORM TO THE OFFICE OF ISSUE BELOW:

Bield Housing Association Ltd

79 Hopetoun Street, Edinburgh EH7 4QF

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Fax: 0131 557 6327

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Scottish Charity SC006878

