




**THE METHODIST HOMESTEAD, HOMESTEAD WAY, NORTHAMPTON, NN2 6JH
APPLICATION FOR ADMISSION AS A RESIDENT**

All Information supplied is treated strictly confidential and unless marked with  is used solely for the purpose of making or reviewing this application.

1. FIRST APPLICANT - ABOUT YOU 

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code: _____	
Telephone No:	Mobile No:
Length of time at this address:	Current Council Tax:
Date of Birth:	Marital Status: single/married/widow/widower/other
Age	National Insurance Number
Occupation or (if retired) previous occupation	
Email address	
Name of your Doctor and the address of the Medical Practice to which you belong.	

2. FIRST APPLICANT - ABOUT YOUR FAMILY 

Name of your next of kin/legal representative <u>(please delete as appropriate)</u>	
Relationship	
Address:	
Post Code: _____	
Telephone No:	Mobile No:
Email address	

THE METHODIST HOMESTEAD

3. SECOND APPLICANT - ABOUT YOU (U)

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code: _____	
Telephone No:	Mobile No:
Length of time at this address:	Current Council Tax:
Date of Birth:	Marital Status: single/married/widow/widower/other
Age	National Insurance Number
Occupation or (if retired) previous occupation	
Email address	
Name of your Doctor and the address of the Medical Practice to which you belong.	

4. SECOND APPLICANT - ABOUT YOUR FAMILY (U) – IF DETAILS ARE DIFFERENT FROM COMPLETED BY THE FIRST APPLICANT

Name of your next of kin/legal representative <u>(please delete as appropriate)</u>	
Relationship	
Address:	
Post Code: _____	
Telephone No:	Mobile No:
Email address	

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5. ABOUT YOUR REPRESENTATIVES (6)

We ask you to provide the names and contact details for at least two relatives or friends – who will act as your Representatives. They will be contacted if you need someone to assist you if you are ill or in an emergency.

Please note: At least one of your representatives should live locally so that they are able to support you if you are ill, and if your representatives are likely to be away together, we would ask that you find an additional representative.

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code: _____	
Telephone No:	Mobile No:
Email address	
Relationship	Age

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code: _____	
Telephone No:	Mobile No:
Email address	
Relationship	Age

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THE METHODIST HOMESTEAD

Full Name	
Mr. /Mrs. /Miss /Ms. /Other:	
Address:	
Post Code: _____	
Telephone No:	Mobile No:
Email address	
Relationship	Age

A meeting will be arranged between your named Representatives and the Trustees to discuss the role in detail.

6. ABOUT YOUR PRESENT HOME

Type of accommodation	
Do you, or your spouse, own it?	Yes/No
If "Yes" what is the approximate value?	£
Is there a mortgage outstanding on the property and, if so, how much is outstanding? If there is no mortgage, please write NONE	
If you do not own the property where you currently live, who does own the property?	
Is this person related to you in any way? If YES what is the relationship?	
If you, or your spouse, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?	
If rented, please give us the name and address of the landlord.	
Current rent £..... per week/month	
Do you receive Housing Benefit or other Benefit to help with housing costs? Yes/No	
Do you receive Council Tax discount or reduction? Yes/No	
What do you intend to do with your current accommodation if you are offered a home at the Methodist Homestead?	

(This section continues onto the next page)

THE METHODIST HOMESTEAD

If you or your spouse own property other than the one in which you live now (including any property owned abroad), please give the details below:

Address

Post Code: _____

7. ABOUT YOUR INCOME

	Amount Applicant		Frequency Applicant	
	1	2	1	2
Pensions a) State retirement pension b) Occupational or personal Pension. c) Private pension d) Widow's or Widower's pension e) Any other pension				
Benefits a) Pension Credit b) Attendance Allowance c) Universal Credit d) Any other benefit				
Current employment or self-employment Please explain type of employment and hours of work and please note that we will ask to see evidence of earnings at interview				
	Amount		Frequency	
Other income a) Annuities b) Bank Deposit Account c) Building Society Account d) Investment e) Renting property or land that you own f) Grants from a charity g) Financial assistance from a relative/friend h) From a trust fund i) Any other income – please give details	1	2	1	2

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8. ABOUT YOUR CAPITAL

	First Applicant	Second Applicant
Bank accounts: current balance		
Building Society accounts: current balance		
Shares: current value		
National Savings (e.g.: National Savings Certificates): Value		
Unit Trusts: current value		
Premium Bonds: Amount Held		

9. ABOUT YOUR BORROWING

Do you have any loans or other debts outstanding? If so, please provide details.

10. REFERENCES AND OTHER FACTORS

Please give the names and addresses of two people (not relatives) who know you well and whom the Methodist Homestead may approach for a reference. If you are currently renting accommodation, one of the referees should be your current landlord. Please indicate how you know the referees.

1. Name and address	2. Name and address
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Please tell us which church you attend and give us the name of the Minister or contact at the church so that we may contact them

We are Members or Worshippers at _____ Church which we have attended for _____ years

Name and address of your Minister

(This section continues onto the next page)

THE METHODIST HOMESTEAD

Do either of you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?

YES / NO

If yes please give details below:

Are either of you a smoker? Yes/No

Please be aware that the Trustees discourage smoking in any of the homes for safety reasons.

11. ABOUT WHY WOULD YOU LIKE TO BE CONSIDERED FOR THE METHODIST HOMESTEAD?

Guidance for Applicants

- a. Any references you wish the Trustees to study or the names of persons supporting your application should be provided with this form.
- b. Your statement should include details of your association with Methodism or with any other denominations.
- c. In the case of Superannuated Ministers, no previous connection with Methodism in the Northampton Circuit is necessary but you should supply information regarding your ministry in the Methodist Connexion.

I wish the Trustees to consider the following reasons for this application being made.

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THE METHODIST HOMESTEAD

12. FIRST APPLICANT - ABOUT YOUR HEALTH (U).

Important Data Protection Notice

Please ensure that you sign Appendix A to this Application Form, as this gives us your consent to contact your Doctor to obtain a medical reference – without which the application process cannot be completed. Specifically, we include a copy of this section of the Application Form and will ask your GP to confirm that it is correct and to confirm that:

- you are capable of independent living as at the date of signing this form; and
- there is no reason other than the normal aging process to suspect that you might cease to be capable of independent living in the future; and
- you do not have a history of hoarding behaviour, neglect of your living accommodation to the point of squalor, or self-neglect; and
- you do not suffer from any chronic medical conditions which are likely to have a significant impact in the foreseeable future on your ability to live independently and carry out normal activities of daily living; and
- If they are unable to agree these statements to explain why

Please be aware that if you are appointed as a Resident and, later, Trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report.

Are you able and willing to live independently and look after yourself and your home?
Please tell us about any significant illnesses, injuries or operations during the last 5 years
Are you currently being treated for any illness? Yes/No If yes please give details below:
Do you use: A walker or Zimmer frame in the home Yes/No A wheelchair in the home Yes/No A wheelchair outside the home Yes/No A mobility scooter Yes/No
Are there any other health or social factors that you wish the Trustees to consider when assessing your application? Yes/No If yes please give details below:

THE METHODIST HOMESTEAD

13. SECOND APPLICANT - ABOUT YOUR HEALTH (U).

Important Data Protection Notice

Please ensure that you sign Appendix B to this Application Form, as this gives us your consent to contact your Doctor to obtain a medical reference – without which the application process cannot be completed. Specifically, we include a copy of this section of the Application Form and will ask your GP to confirm that it is correct and to confirm that:

- you are capable of independent living as at the date of signing this form; and
- there is no reason other than the normal aging process to suspect that you might cease to be capable of independent living in the future; and
- you do not have a history of hoarding behaviour, neglect of your living accommodation to the point of squalor, or self-neglect; and
- you do not suffer from any chronic medical conditions which are likely to have a significant impact in the foreseeable future on your ability to live independently and carry out normal activities of daily living; and
- If they are unable to agree these statements to explain why

Please be aware that if you are appointed as a Resident and, later, Trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report.

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Are you currently being treated for any illness? Yes/No If yes please give details below:
Do you use: A walker or Zimmer frame in the home Yes/No A wheelchair in the home Yes/No A wheelchair outside the home Yes/No A mobility scooter Yes/No
Are there any other health or social factors that you wish the Trustees to consider when assessing your application? Yes/No If yes please give details below:

THE METHODIST HOMESTEAD

14. SENDING US YOUR APPLICATION

Once you have completed all sections within the Application Form, please return it to *the Secretary and Clerk to the Trustees, 14 Methodist Homestead, Homestead Way, Northampton, NN2 6JH.*

Data Protection Notice

The Trustees of the Methodist Homestead will use the information in sections 1, 2 and 3 on this Application Form in the event of an emergency or other situation when we need to contact your representatives or a key holder. From time to time, we will provide a copy of the information for you to check.

This information will also be supplied to Call Care who provide the monitoring station for the alarm system; they will use the information if your call on the alarm system is handled by them.

All other information provided in support of the Application will be treated in the strictest confidence.

The Trustees reserve the right to use the information on this Application Form if at any time your appointment as a beneficiary of the charity is reviewed.

If you are appointed as a beneficiary of the charity, the Application Form will be retained for as long as you are a Resident and then destroyed.

If the application is withdrawn or not accepted the Application Form will be retained for 12 months and then withdrawn.

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15. IMPORTANT DECLARATION

We have read the Methodist Homestead Resident’s Handbook and believe that we are eligible to apply to live in one of the charity’s homes.

We declare that the information given in this application is correct and complete to the best of our knowledge and belief. **We understand that the Trustees would be entitled to terminate any appointment as a beneficiary of the charity, if our answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).**

We have carefully read both this Application Form and the Residents Handbook and if admitted to residence agree to abide by the conditions set out in the Resident’s Handbook (together with any additions or amendments which may be made within the terms of the Trust Deed).

We accept that if we are appointed as Residents, we will be a beneficiary of the charity and not a tenant. Any monthly sum we pay will be a maintenance contribution and not a rent.

We confirm that we can look after ourselves and are able to live independently, with the assistance of family and care services if necessary.

We consent to our GP or other medical attendant providing the charity with a medical certificate or report about our health and condition now or at a future date in accordance with the terms of the attached form of authority (Appendices A and B).

We understand that the Trustees cannot enter into any discussion about decisions made regarding this application or the allocation of homes.

Applicant 1

Applicant 2

Signed.....

Signed.....

Date.....

Date.....

THE METHODIST HOMESTEAD
APPENDIX A - GP AUTHORISATION FORM



I [full name in capitals]

whose date of birth is

of address:

.....

Authorise my GP for the time being and all my other medical advisors for the time being to provide information about my health and any aspect of my medical condition upon request to the Secretary and Clerk to the Trustees of the Methodist Homestead (Registered Charity No 1150018), both in connection with any application I make to become a Resident of homes provided by the charity and at any time thereafter until I have ceased to live in the property provided by the Methodist Homestead

Signed by applicant:

Date of signature:

THE METHODIST HOMESTEAD

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APPENDIX B - GP AUTHORISATION FORM



I [full name in capitals]

whose date of birth is

of address:

.....

Authorise my GP for the time being and all my other medical advisors for the time being to provide information about my health and any aspect of my medical condition upon request to the Secretary and Clerk to the Trustees of the Methodist Homestead (Registered Charity No 1150018), both in connection with any application I make to become a Resident of homes provided by the charity and at any time thereafter until I have ceased to live in the property provided by the Methodist Homestead

Signed by applicant:

Date of signature: