



# Grŵp Cynefin

Mwy na thai • More than housing

Swyddfa Gofrestredig  
Tŷ Silyn, Penygroes  
Caernarfon, LL54 6LY  
0300 111 2122  
post@grwpcynefin.org  
www.grwpcynefin.org

## EXTRA CARE HOUSING APPLICATION FORM

If you need this document in a different format e.g. on tape, in Braille,  
please telephone, e-mail or call at your nearest office.

### 1. YOUR DETAILS

	Applicant 1	Joint Applicant / Partner
Title	Mr/Mrs/Miss/Other ( <i>please specify</i> )	Mr/Mrs/Miss/Other ( <i>please specify</i> )
Surname		
First name(s)		
Address		
Correspondence Address (if different to the above)		
Postcode		
Telephone Numbers	Day:  Evening:	Day:  Evening:
Date of birth		
National Insurance Number		
Relationship to Main Applicant		

## 2. YOUR CURRENT HOME

Is your current home (please ✓):

- a) Owner Occupied
- b) Privately Rented
- c) Rented from a Housing Association / Local Authority
- d) Other? (Please give details)

If a) what is the value of your home

£

How much mortgage is outstanding (if any)?

£

What will happen to your home if you are offered a home by Grŵp Cynefin?

If c) which Housing Association / Local Authority?

Please tell us where you (and your joint applicant/partner) have been living for the past 10 years, including your current home.

Address	Landlord (if relevant)	Date from	Date to

### 3. YOUR FINANCIAL SITUATION

**THIS INFORMATION WILL REMAIN CONFIDENTIAL.** It is important that we can assess whether you are in receipt of benefits you are entitled to. If not we can arrange to assist you in completing benefit forms and help you through the process.

	Applicant's total weekly amount £	Joint applicant's total weekly amount (if applicable) £
Pension		
State Pension		
Occupational Pension		
Benefits		
Income Support		
Attendance Allowance		
Mobility Allowance		
Disability Living Allowance		
Other Benefits/Income (Please state which)		

Total Income

£

Total amount of any savings you have

£

### 4. YOUR HOUSING CHOICES

Is your name currently on any housing register? e.g. other housing association or Local Authority?

Yes  No

If yes, please specify which organisation:

In which area do you want to live? We have schemes in:-

Bala, Gwynedd

Porthmadog, Gwynedd  
(currently being built)

Holyhead, Anglesey

Denbigh, Denbighshire  
(in early development stages)

Ruthin, Denbighshire

If you are not currently living in the area you have chosen, priority will not be given to you.

#### 4. YOUR HOUSING CHOICES (continued)

Please tell us below why you want to live in extra care housing:

#### 5. YOUR CARE AND SUPPORT NEEDS

Do you currently receive any of the following services? If so, please tell us about them. Please ✓ all that apply.

- Employ someone to care for you privately
- Social Services Home Care
- Private Home Care
- Meals on Wheels
- Day Care
- Community Nurse
- Community Psychiatric Nurse
- Rely on relatives to care for you
- Other (Please give details)

How many hours are being provided as support by the above?

## 5. YOUR CARE AND SUPPORT NEEDS (continued)

Any other information you wish to share with us about your care needs?

It is anticipated that all people moving to extra care will need help with several of the following on a daily basis.

Please ✓ if you or your joint applicant/partner need assistance with any of the following?

	Will be able to do alone	Will be able to do with equipment	Will be able to do with personal help
<b>Domestic Tasks:</b>			
Cleaning House			
Shopping			
Food preparation			
Laundry			
<b>Mobility:</b>			
Get in and out of bed/ chair			
Walking			
Negotiating stairs			
<b>Personal Care:</b>			
Washing			
Bathing			
Toileting			
Dressing			

### GP Details:

Name of GP	
Address	
Telephone Number	

## 5. YOUR CARE AND SUPPORT NEEDS (continued)

Extra Care is targeted at people who currently have care needs, or might have sometime in the future. Please tick if you and/or your joint applicant/partner **do not** currently need assistance with any tasks listed on the previous page.

Do not currently need assistance

If you do not currently need assistance, Grŵp Cynefin has sheltered accommodation. If you have not already applied, then you need to complete our general needs application form. Please contact the office on 0300 111 2122 to request an application form.

## 6. ADDITIONAL INFORMATION

Are you related to any present or past Board Members or employees of Grŵp Cynefin?

Yes  No

If yes, please note name and relationship to you.

Name	Relationship

## 7. DATA PROTECTION NOTICE

Please read this section carefully

Grŵp Cynefin will use your personal information (as provided by you in this application form and any additional information which you may give the Association for this purpose in the future) for all purposes in connection with your application for housing and for administration of your tenancy if you are successful.

Grŵp Cynefin may disclose this information for these purposes to service providers and agents who cooperate with the Association.

By signing this form you consent to Grŵp Cynefin processing your sensitive personal information for these purposes. Sensitive personal information can include health, ethnic origin or criminal record.

You have a right to ask for a copy of information held about you (for which we may charge a small fee).

## 8. DECLARATION FOR HOUSING

Please read this section carefully

**I/we (the applicant/joint applicant/partner) declare that:**

Grŵp Cynefin may make the necessary enquires in connection with any information given by me/us in order to verify it. I/we give permission for information to be disclosed to Grŵp Cynefin by my current or previous landlords, support agencies, statutory bodies (such as Police and Social Services) and any other relevant professional body or individual.

The information given on this form is true and I/we acknowledge Grŵp Cynefin's right to verify all the information given. Grŵp Cynefin will take legal action to end any tenancy which they have granted me/us as a result of a false or misleading statement made by myself/ourselves.

Failure to keep Grŵp Cynefin informed of any changes in my/our housing application circumstances may affect my position on the housing register or result in my/our application being cancelled. I/we must notify Grŵp Cynefin of any changes.

Applicants Signature		Date	
Joint Applicant's / Partner's Signature		Date	

## 9. SPACE FOR YOU TO PROVIDE ADDITIONAL INFORMATION

Please note the question number your answer relates to here and on any additional sheets of paper you use.

## 10. EQUAL OPPORTUNITIES MONITORING ASSESSMENT

**You have a right not to complete this section.**

*Grŵp Cynefin is intent on providing equal opportunities to all, regardless of race, colour, religion, gender or disability. To enable us to monitor this policy please indicate how you would describe yourself. To ensure our records are as accurate as possible, please could you complete this form. Tick the appropriate boxes.*

	APPLICANT 1	APPLICANT 2
GENDER	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Seperated/ Divorced <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Seperated/ Divorced <input type="checkbox"/>
AGE	Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 & Over <input type="checkbox"/>	Under 20 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 & Over <input type="checkbox"/>
DISABILITY	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
COUNTRY OF BIRTH	Born in the UK <input type="checkbox"/> Born elsewhere in EU <input type="checkbox"/> Born outside EU <input type="checkbox"/>	Born in the UK <input type="checkbox"/> Born elsewhere in EU <input type="checkbox"/> Born outside EU <input type="checkbox"/>
RELIGION	None <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other <input type="checkbox"/>	None <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other <input type="checkbox"/>
HOW WOULD YOU DEFINE YOUR SEXUALITY?		
WHICH LANGUAGE DO YOU WISH TO RECIEVE CORRESPONDENCE?	Welsh <input type="checkbox"/> English <input type="checkbox"/> Other <i>(please specify)</i>	Welsh <input type="checkbox"/> English <input type="checkbox"/> Other <i>(please specify)</i>

### ETHNIC ORIGIN APPLICANT 1

White <input type="checkbox"/>	White British <input type="checkbox"/>	White English <input type="checkbox"/>	White Welsh <input type="checkbox"/>	White Scottish <input type="checkbox"/>
White Irish <input type="checkbox"/>	White Other <input type="checkbox"/>	W/Blk Caribbean <input type="checkbox"/>	W/Blk African <input type="checkbox"/>	W/Asian <input type="checkbox"/>
Other mixed background <input type="checkbox"/>		Chinese <input type="checkbox"/>	Asian British <input type="checkbox"/>	Indian <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Mixed <input type="checkbox"/>	Other Asian background <input type="checkbox"/>	
Black/British <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other Black background <input type="checkbox"/>	
Gypsy <input type="checkbox"/>	Traveller <input type="checkbox"/>	Other <input type="checkbox"/>		

### ETHNIC ORIGIN APPLICANT 2

White <input type="checkbox"/>	White British <input type="checkbox"/>	White English <input type="checkbox"/>	White Welsh <input type="checkbox"/>	White Scottish <input type="checkbox"/>
White Irish <input type="checkbox"/>	White Other <input type="checkbox"/>	W/Blk Caribbean <input type="checkbox"/>	W/Blk African <input type="checkbox"/>	W/Asian <input type="checkbox"/>
Other mixed background <input type="checkbox"/>		Chinese <input type="checkbox"/>	Asian British <input type="checkbox"/>	Indian <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Mixed <input type="checkbox"/>	Other Asian background <input type="checkbox"/>	
Black/British <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other Black background <input type="checkbox"/>	
Gypsy <input type="checkbox"/>	Traveller <input type="checkbox"/>	Other <input type="checkbox"/>		

Do not wish to answer