# SASH HOSTING APPLICATION FORM

If you are a couple applying to be hosts, you both need to complete this form.   
SASH also needs to know about others living or staying regularly with you.

What projects are you happy to take part in?

Nightstop 🞎 Supported Lodgings 🞎

UASC 🞎 (Unaccompanied Asylum seeking children)

|  |  |  |
| --- | --- | --- |
|  | APPLICANT 1 | APPLICANT 2 |
| Title |  |  |
| Surname |  |  |
| Forename |  |  |
| Known as |  |  |
| Previous names |  |  |
| Gender |  |  |
| Age (min. 25) |  |  |
| Date of birth |  |  |
| Current address & postcode (Dates from / to) |  |  |
| **You must provide all other addresses where you have lived in the last 5 years. Please list with dates below.** | | |
| Other address history (with dates) |  |  |
| Others living in household  *(relationship to you, age, date of birth)* | (Please note, any household member 18 years or over will require a DBS check) | |
| Home tel. |  | |
| Mobile |  |  |
| Work tel. |  |  |
| Email |  |  |
| Do you own your own home? | Yes 🞎  No 🞎 | If not, have you discussed this with your landlord?  Yes 🞎  No 🞎 |
| Do you or does anyone living in or visiting your household regularly have any criminal convictions?  *(Please give details)* | The work for which you are applying involves direct access to young people and is therefore exempt from the Rehabilitation Offenders Act 1974. You are required to declare any cautions, bind-overs, convictions or pending prosecutions you may have even if they would be regarded as ‘spent’ under the Act. Certain categories of convictions do not necessarily prevent you from being a host and all applications are considered on merit. | |

|  |  |
| --- | --- |
| Have you ever previously applied to be a Foster Carer, become an adoptive carer, a Supported Lodgings provider, Child-minder or offered relief, kinship or informal care to a child? | No 🞎  Yes 🞎  If yes, in what Local Authority/Agency did you apply to, and when?  What was the outcome? |
| Have you ever had a child (your own or someone else’s) removed from your care? | No 🞎  Yes 🞎 please give details: |
| Please give details of any other Local Authority areas that you have lived in since the age of 18 |  |
| Have you ever had **ANY** involvement with Local Authority Safeguarding Services previously? | No 🞎  Yes 🞎 please provide Local Authority / Agency details and a brief explanation of the circumstances behind this involvement: |
| Do you have any relatives, friends, current or former partners who regularly visit your household who have been the subject of any Safeguarding investigations? | No 🞎  Yes 🞎 please give details: |
| I declare that, to the best of my knowledge, the information I have provided is correct and I give permission for the following checks to be carried out:  Enhanced Disclosure and Barring service, Local Authority checks. | Applicant 1 Signed:  Applicant 2Signed:  Print Name (s):  Date: |

**About you** (please feel free to attach additional information)

|  |  |  |
| --- | --- | --- |
|  | APPLICANT 1 | APPLICANT 2 |
| Current occupation  *(e.g. retired, employment, studying, job seeking)* |  |  |
| Brief summary of work history  *(paid and voluntary, including dates)* |  |  |
| Relevant qualifications & training |  |  |
| Relevant experience  *(e.g. working  with young people, family experience)* |  |  |

|  |  |  |
| --- | --- | --- |
|  | APPLICANT 1 | APPLICANT 2 |
| Hobbies & interests |  |  |

**About hosting** (see space for additional information on page 7)

|  |  |
| --- | --- |
| Why do you want to be a SASH host(s)? |  |
| What skills and qualities do you have which would help you provide the support a young person would need? |  |
| What issues do you think a young person may present with that you would find personally difficult? |  |
| Who do you turn to when you need support?  (e.g. family or friends) |  |
| Is your home easy to access by public transport? |  |
| Would you be willing to drive young people in your car? | If so, you need to let your insurer know that you will be driving as a volunteer, and make sure that you are insured to do this. |
| Does anyone in your household smoke? |  |
| Please give details of any pets |  |
| Is there anything you feel needs clarifying? | e.g. any health issues, risks or routines, other considerations? (See also next section for Supported Lodgings applicants.) |

**Additional information**

|  |  |
| --- | --- |
| Is there anything that you would like to add in support of your application?  Please continue on a separate sheet if necessary. |  |

|  |  |  |
| --- | --- | --- |
| Are there any medical issues for yourself or others in your household that may affect your work as a Supported Lodgings host? |  | |
| SASH also needs to contact your GP, with your consent, to see if there are any medical reasons that would prevent you becoming a Supported Lodgings host. | Applicant 1:  GP name:  GP address: | Applicant 2:  GP name:  GP address: |
| I agree to SASH contacting my GP for the reasons above: | Applicant 1 Signed:  Applicant 2Signed:  Date: | |

**SUPPORTED LODGINGS APPLICANTS ONLY**:

MEDICAL MATTERS

References

For single applicants we require the names of two people who are not members of your family, who have known you for at least a year, and have agreed to act as referee for you.

At least one referee should know you in a professional capacity (i.e. a current/former employer).

At least one referee should be someone who knows you through your involvement with young people or in a community capacity.

For couples, we require a third referee who knows you both and has visited your home.

|  |  |  |
| --- | --- | --- |
| REFEREE | APPLICANT 1 | APPLICANT 2 |
| Name |  |  |
| Address & postcode |  |  |
| Telephone |  |  |
| Email |  |  |
| REFEREE |  | |
| Name |  | |
| Address & postcode |  | |
| Telephone |  | |
| Email |  | |

**Declaration**

\* If emailing your application, you may type your name below rather than sign.

|  |
| --- |
| I declare that the information on this form is correct, complete and accurate.  Applicant 1 signed\* Date  Applicant 2 signed\* |

Please return this form either by email: [adele.coupe@sash-uk.org.uk](mailto:adele.coupe@sash-uk.org.uk) or to:

Freepost RTHH-EEHE-BXTL Safe and Sound Homes, York YO1 9UA

How we will use your information: The information you provide on this form will be used to process your application to be a volunteer host for SASH and will be kept securely on file by us. Your contact details will be shared with Local Authority safeguarding agencies to help assess your suitability for SASH hosting. Your information will not be shared with anyone else other than the referees you nominate as part of your application. SASH is registered with the Information Commissioners Office reference **Z956107X.** BLANK PAGE

**Equal Opportunities Monitoring Form – PLEASE COMPLETE ONE FORM PER APPLICANT**

SASH aims to be an equal opportunity employer, and has a policy for this purpose. This policy covers all aspects of employment, from vacancy advertising, selection recruitment and training to conditions of service and reasons for termination of employment. It includes paid staff as well as volunteers.

To ensure that this policy is operating effectively (and for no other purpose) all application packs include this equal opportunities monitoring form asking for information on applicants' racial origins, gender, sexual orientation, age and disability. Ongoing monitoring and regular analysis of these forms provide the basis for appropriate action to eliminate unlawful direct and indirect discrimination and promote equality of opportunity.

In any analysis of this information that is made public, SASH will ensure that that it will not be possible to identify you.

Please can you provide the following information and return this form with your application. Your answers to these questions will not affect your application to SASH.

**Gender monitoring**

|  |
| --- |
| Would you describe yourself as:  Male?  Female?  Prefer not to say |

**Gender identity Sexual orientation**

|  |
| --- |
| Is your gender the same as that assigned at birth?  Yes  No |

|  |
| --- |
| Bisexual  Gay man  Gay woman / lesbian  Heterosexual / straight  Other  Prefer not to say |

**Disability Monitoring**

|  |
| --- |
| Do you consider yourself to have a disability or a long-term health condition?  Yes No  What is the effect or impact of your disability or health condition?  Prefer not to say |

**Monitoring ethnicity**

|  |
| --- |
| How would you describe yourself? (please choose one section then tick /select the appropriate box) |
| **Asian**  Bangladeshi  Indian  Pakistani  Any other Asian background, please write here: |
| **Black or Black British**  African  Caribbean  Any other Black background, please write here: |
| **Chinese or other ethnic group**  Chinese  Any other, please write here: |
| **Mixed Heritage**  White and Asian  White and Black African  White and Black Caribbean  Any other Mixed background, please write here: |
| **White**  British  English  Irish  Scottish  Welsh  Any other White background, please write here: |
| **Prefer not to say** |

**Age monitoring**

|  |
| --- |
| What is your date of birth? / / (dd/mm/year) |

**Religion and belief**

|  |
| --- |
| Please tick the box that best describes you:  Buddhist  Christian  Hindu  Jew  Muslim  Sikh  Atheist  Other religion or belief (please state)  No religion  Prefer not to say |

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| --- |
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