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Entered Database: Reference number:
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Housing Registration Form

Priority Criteria

Please tick any of the following which currently apply to you or a member of your household:

1.	I am currently homeless or I am being threatened with eviction	❒
2.	I want to move from nursing or residential Homes back into the community	❒
3.	I am leaving hospital but my home is no longer accessible to me	❒
4.	I am roofless (if you don't have anywhere to stay)	❒
5.	I am unable to enter or leave my home because of steps	❒
6.	I am permanently unable to freely access an essential facility within my home, e.g. the kitchen, toilet or bathing facilities	❒
7.	I am currently confined to my home because of the location or design of the property and am isolated.	❒
8.	I am a young disabled person (under 35) who wants to move out of the family home or live on my own.	❒
9.	I am a disabled person who needs to move house to enter employment	❒

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Part One – Personal Details/Household Details

Please complete all questions

To be completed by the disabled person or current head of household.

First Name:	Date of Birth:
Surname/s:	Mr/Mrs/Miss/Ms/Dr:
National Insurance Number:	
Address & Flat Number:	
Postcode:	
Email:	Tel:
Mobile:	

Are there any other members of your household?

Number of Household Members? please state number		
Current Number of bedrooms you have	1☐ 2☐ 3☐ 4☐ 5+☐	
Do you consider yourself to be a disabled person?	Yes ☐	No ☐

Referral Details

If you are completing this on behalf of the applicant, please enter your name, and outline your relationship;

Referrer Name:		
Referrer Organisation:		
Referrer Relationship: (Please tick relevant box)	Not applicable	☐
	Local Authority/Social Work Services	☐
	Health Professional	☐
	Housing Provider	☐
	Voluntary Organisation	☐
	Other	☐

Your User Name and Password (if you wish to access your details online)

Please enter your user name below. You can use this to log into our website and view the system at a later stage. (This can be your email address, if you have one and we can then email you your password)

Username:	

Part Two - Summary of Requirements

Where do you want to live?

What regions in Glasgow would you be willing to consider? (If you are willing to consider any area please tick all 5 boxes.)		
Glasgow	North	☐
	South	☐
	West	☐
	East	☐
	City	☐
Other: If your area of choice is not in Glasgow, please state		

Preferred Areas

Please circle any area you would prefer to live, if a suitable home became available.

City Centre	Anderston	Charing Cross	Merchant City	
	Blythswood	Cowcaddens	St Enoch	
	Broomielaw	Garnethill	Townhead	
North Glasgow		Hamiltonhill	Millerston	Robroyston
	Barmulloch	High Possil	Milton	Royston
	Balornock	Hogganfield	North Kelvinside	Ruchill
	Blackhill	Keppoch	Parkhouse	Sighthill
	Cadder	Lambhill	Port Dundas	Springburn
	Gilshochill	Maryhill	Possil Park	Summerston
South Glasgow	Arden	Crookston	Langside	Pollokshields
	Bellahouston	Darnley	Mosspark	Priesthill
	Cardonald	Deaconsbank	Mount Florida	Queens Park
	Carmunnock	Dumbreck	Muirend	Shawlands
	Carnwadric	Gorbals	Newlands	Southpark Village
	Castlemilk	Govanhill	Nitshill	Strathbungo
	Cathcart	Hillpark	Penilee	Toryglen
	Craigton	Househillwood	Pollok	
	Croftfoot	Kings Park	Pollokshaws	
East Glasgow	Baillieston	Carmyle	Gartloch	Rogerfield
	Barlanark	Carntyne	Garthamlock	Ruchazie
	Blairtummock	Commonhead	Haghill	Shettleston
	Braidfauld	Craigend	Lochend	South Carntyne
	Bridgeton	Cranhill	Mount Vernon	Springboig
	Broomhouse	Dalmarnock	Parkhead	Swinton
	Calton	Dennistoun	Provanhall	Tollcross
	Camlachie	Easterhouse	Queenslie	Wellhouse
	Cardowan	Garrowhill	Riddrie	
West Glasgow	Anniesland	Garscadden	Kelvinside	Whiteinch
	Blairdardie	Govan	Kinning Park	Woodlands
	Charing Cross	Hillhead	Knightswood	Yoker
	Broomhill	Hillington	Partick	Yorkhill
	Dowanhill	Hyndland	Scotstoun	
	Drumchapel	Ibrox	Shieldhall	
	Drumoyne	Jordanhill	Temple	
	Finnieston	Kelvindale	Tradeston	

Number of Bedrooms required

Minimum number of bedrooms required (please state		Maximum number of bedrooms required (please state)	

Which type of property do you require?

House (please tick)		Flat (please tick)	
Detached	☐	Bedsit/Studio Flat	☐
Semi detached	☐	Tenement	☐
Terraced	☐	Maisonette	☐
Bungalow	☐	Cottage	☐
		Main Door	☐
		4 in a block	☐
		High Rise	☐

Maximum floor level for flat, please select preference:

Ground floor	☐	3rd Floor	☐
1st floor	☐	4th Floor	☐
2nd floor	☐	5th Floor or above	☐

Any additional requirements you may have, please tick all that apply;

Adapted bathroom	☐	Adapted Kitchen	☐
Lift Access	☐	Housing Support	☐
Parking area	☐	Garden	☐

Level of access you require, please tick the one that most suits your needs;

Barrier Free	☐	Full Wheelchair accessibility	☐
Some adaptations	☐		
No adaptations	☐	Unknown	☐

We can keep you up to date about your case by using email and text messages.
Let us know if you'd prefer these options by ticking the relevant box.

Email Updates	☐	SMS updates	☐
Please ensure that you have given us your mobile number and/or email address on the first page of this form, if you wish to use the update service.			

Part Three - Household Members/Pets

Are there any other household members? If so, please list them in the table below. Please complete all information requested for all family members.

No	First Name	Last Name	Date of Birth	Relationship to you	National Insurance Number	Moving with you? (please circle)	Disabled Person (please circle)
				SELF		Yes/No	Yes/No
2						Yes/No	Yes/No
3						Yes/No	Yes/No
4						Yes/No	Yes/No
5						Yes/No	Yes/No
6						Yes/No	Yes/No
7						Yes/No	Yes/No
8						Yes/No	Yes/No
9						Yes/No	Yes/No
10							

Do you have any pets? If so please state below;

	Yes	No
Do you have any pets?	☐	☐
If yes, how many? Please describe.		

Part Four - Current Accommodation

Which of the following best describes your current accommodation? (tick one box only, please)

1.	Tenant	☐
2.	Owner Occupied	☐
3.	Living with parents/family and want to live independently	☐
4.	Temporary lodgings - family/friends/commercial arrangement	☐
5.	Homeless	☐
6.	Other (please give a brief description below)	☐

Which type of property do you have?

House (please tick)		Flat (please tick)	
Detached	☐	Bedsit/Studio Flat	☐
Semi detached	☐	Tenement	☐
Terraced	☐	Maisonette	☐
Bungalow	☐	Cottage	☐
		Main Door	☐
		4 in a block	☐
		High Rise	☐
Current number of bedrooms?		1☐ 2☐ 3☐ 4☐ 5+☐	

Is your current accommodation fully accessible to you?	Yes ☐	No ☐

Please tick if applicable:	
Are you ready to leave hospital or residential care but have no accommodation or are unable to return to your property because of your impairment?	☐
Are you unable to continue to reside safely in the property, due to domestic abuse, racial harassment, or any other reason?	☐

If yes to any other reason, please tick any of the following applies to you.

Overcrowding	☐	Under-occupied	☐
Repossession	☐	Poor state of repair	☐
Dampness	☐	No central heating	☐
Harassment	☐	Fear of violence	☐
Eviction	☐	Date you must leave by:	

If you have any other reason for leaving, please outline below:

Present Landlord information

Name		
Address		
Postcode		Telephone No:
Contact Person		

Part Five – Accessibility Requirements

Are you or a member of your household a wheelchair user? (Please tick)	Yes ☐	No ☐
If Yes, please confirm your/their usage (tick all that apply)		
Indoors	☐	
Outdoors	☐	
Power Wheelchair	☐	
Manual Wheelchair	☐	
Scooter	☐	
Other:		

Do you or a member of your family have difficulty climbing steps? (please tick)	Yes ☐	No ☐
I/They cannot manage any steps	☐	
I/They can climb a few steps	☐	
I/They can manage one flights of steps	☐	
I/They can manage more than one flight of steps	☐	
Maximum number of manageable steps (please state)		

So that we can better understand your housing needs, please supply details of any relevant health problems or impairments.

Do you (or a member of your household) need assistance with daily living tasks e.g. Shopping, Housework, Cooking etc?	☐
Does the location and design of your accommodation limit your (or a member of your household's) ability to get out?	☐

Benefits detail required

Are you in receipt of Disability Living Allowance or Attendance Allowance?			
Yes	No		
☐	☐		
If Yes, please tick which allowance and rate you are receiving?			
	Low	Middle	High
Care Component	☐	☐	☐
Mobility Component	☐		☐
Attendance Allowance	☐		☐

Part Six – Housing Requirements

Supported Accommodation	
I need intensive help and support with daily living tasks and need advice on independent living packages and/or living in Supported Accommodation	☐
Sheltered Accommodation	☐
I need a little help with daily living tasks and wish to consider living in Sheltered or Very Sheltered Accommodation	

Would your desired accommodation require any of the following?

Security Entrance	☐
Emergency Call System	☐
Near to shops	☐
Near to family and friends	☐
Near to GP/Hospital	☐

Which of the following would you consider? (please tick all that would apply)

Renting from Housing Association or Cooperative	☐
Renting from Private Landlord	☐
Stay in current accommodation if it could be adapted (or for other reasons)	☐
Home Ownership	☐
Shared Ownership	☐
Other? (please state)	

Please list any other information which you feel is relevant.

Housing Provider Applications

Have you applied to any Housing Providers? If yes, please state below which housing provider/association.

	Name	Address
1.		
2.		
3.		
4		
5		
Please continue on a separate sheet if necessary		

Professional Contacts

Please provide contact details for your GP, Social Worker, Occupational Therapist or other relevant contact.

Name	Role/Occupation	Tel Number

Next steps… We will send you a photocopy of this form for your reference. Only certain groups of disabled people are eligible for our housing advocacy service. If you are eligible one of our Housing Advisors will be in touch with you to help you find a suitable property OR if a suitable property becomes available OR if they need additional information from you.

If you are not eligible for support from a housing adviser, you can still register on our database and you will still be considered by housing providers who are subscribers to our online Accessible Housing Register automatically. They will contact you directly if they have a property suitable for you.

Many thanks. GCIL Housing Team

TERMS AND CONDITIONS

- Informing GCIL of your housing requirements will increase your chances, but it is not a guarantee of finding a new home.
- The data on this application form may be shared with some housing providers and/or other relevant organisations when appropriate, in order to identify suitable properties to meet your needs.
- The data supplied on this application form will be held on the GCIL Housing Register in compliance with the Data Protection Act, 1998.

I can confirm that the information given in this form is, to the best of my knowledge, correct and complete. I am aware of the terms and conditions stated above. I give the GCIL Housing permission to share this data with landlords / relevant agencies where appropriate.

Signed: _____ Date: _____

If you have any queries about this form, or have any problems filling it in, please contact us. When you send us your completed form, it will be acknowledged on receipt, and your details will be registered.
If your needs change, or there is any alteration in your circumstances, or if you manage to find suitable housing yourself, please let us know immediately, preferably in writing OR log onto our website and keep your information as up to date as you can – this will increase the chances of you being rehoused more quickly

We will contact you periodically to see if you still want to move and to ensure the information we hold is accurate.

Please return completed form to:	**Please check that you have completed and enclosed the following:**	
Glasgow Centre for Inclusive Living		
Housing Service	Criteria Checklist (Front page)	☐
117-127 Brook Street	Housing Registration Form	☐
Bridgeton	Authorisation Mandate	☐
Glasgow	Signed Terms & Conditions	☐
G40 3AP	Equal Opportunities Form	☐
Telephone: 0141 550 4455 Fax: 0141 550 4858 Text Phone: 0141 554 6382 Email: gcil@gcil.org.uk Internet: www.gcil.org.uk		

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