



**APPLICATION FORM FOR
SUPPORTED LODGINGS HOSTS**

DETAILS OF APPLICANT:

SURNAME:

FORENAME (S):

PREVIOUS NAMES (If Applicable)

DATE OF BIRTH:	AGE:
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ADDRESS:

HOME AND/OR MOBILE TEL NO:

WORK TEL NO: (If applicable)

EMAIL:

ETHNIC ORIGIN:

RELIGION:

HOUSEHOLD COMPOSITION		
(Who lives in your home?)		
NAME	DATE OF BIRTH	RELATIONSHIP

Please give a brief statement on why you would like to be a Supported Lodgings Host to young people preparing to leave care?

Please provide the name, address and telephone number of two people who we can contact to provide references. At least one of these referees must not be related to you. Please note that both references will be visited.

REFEREE ONE

NAME:

ADDRESS:

TELEPHONE NO:

RELATIONSHIP TO YOU:

REFEREE TWO

NAME:

ADDRESS:

TELEPHONE NO:

RELATIONSHIP TO YOU:

CONSENT TO CHECKS

I give my approval for Solihull Children's Services to undertake the following checks in order to assess my suitability as a Supported Lodgings Host.

Police Check/ Medical Check/ Social Services Check.

Signed: **Date:**

Please note: All adult members of your household will also be required at a later date to give their consent to the above checks.

Please return to:

Accommodation Officer

Solihull MBC Children's Services

Chelmund's Place

858 Chester Road, Chelmsley Wood, Solihull, B37 7WG

Email: atchousingofficer@solihull.gov.uk

Monitoring: *How have you heard about the scheme? (E.g. friend/family, leaflet, Solihull website, other-specify :...):*