

# St Nicholas Hospital, Salisbury

Registered Charity No. 214916 [www.stnicholashospital.co.uk](http://www.stnicholashospital.co.uk)

## Application for Admission

The charity provides housing for people of good character in need of assistance in accordance with the charity's Governing Document. It is neither a nursing, convalescent or old people's home, but a Christian Community providing supported housing and a retirement community. The admission criteria, which can be varied at the discretion of the Trustees, are set out in Annex C of this Application pack. Please complete this form and return it to:

**The Master, St Nicholas Hospital. SALISBURY, SP1 2SW;**  
**telephone 01722 336874; email: [priest.stnicholashospital@outlook.com](mailto:priest.stnicholashospital@outlook.com)**

**Data Protection Statement:** It is part of the Trustees' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the charity's Governing Document. Trustees, therefore, need to investigate the personal circumstances of applicants. **The Charity complies with the regulations for data security under the General Data Protection Regulations (GDPR). The data we collect has been classified as Sensitive Data under Article 9 of GDPR. We have strong procedures and policies in place to protect the collection and storage of this data.** The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file, but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

**Note:** The information in this form, apart from details of the Applicant's health and financial circumstances, may be communicated to Members of the Community in the event of the application proceeding to the stage of a residential visit to the Community. Please indicate below if you are **NOT** willing to have the information communicated in this way.

I would **NOT** happy for my information to be shared. Signed.....

In the event that the applicant is unsuccessful, this form and any other relevant data will be destroyed at an appropriate time.

### APPLICATION FORM

#### Section 1 – About You

Full name:

Title:

Address including postcode:

Email address:

Telephone No:

Mobile No:

Length of time at this address:

Council Tax Band:

Date of Birth:

Age:

Marital status:

**Employment History** - Please give details of your current occupation (if any) and brief details of your employment history:

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**Second Applicant** (Only details that differ from First Applicant are required)

Full name:

Title:

Address including postcode:

Email address:

Telephone No:

Mobile Number

Length of time at this address

Date of Birth:

Age:

Marital status:

Employment History - Please give details of your current occupation (if any) and brief details of your employment history:

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**Section 2 – About your Family**

Next of kin:

Relationship: Address including postcode

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Telephone No:

Mobile No.

**Section 3 – About your present home**

Type of accommodation (e.g. 3 bedroom house, 2 room flat):

Do you, or your spouse, own it? YES/NO

If 'yes', what is its present estimated 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 this property?

Is this person related to you in any way? If YES what is the relationship?

**If rented**, please give name and address of landlord including postcode:

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Email of Landlord:

Telephone contact for Landlord:

Current rent £            per week

Do you receive Housing Benefit or other Benefits to help with housing costs? YES/NO

Do you receive Council Tax discount or reduction? YES/NO

What are your intentions regarding your current accommodation if you are appointed to an almshouse?

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If you or your partner own property other than the one in which you live now, please give details below. This should include property owned abroad as well as in the UK:

Address including postcode:

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**Section 4. CHURCH AFFILIATION**

St Nicholas Hospital is a Christian almshouse and the Chapel is at the heart of its life. Residents on admittance to the Community commit themselves to attending the daily Chapel Service, which is based upon the Anglican Common Worship Daily Prayer.

Where do you currently worship? (name of Church)

Name of the Minister/priest:

Address including postcode:

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Telephone No.

Email if known:

**Section 5 – Your Income, Expenditure, Assets and Liabilities.**

To enable the Trustees to assess your Application from a financial perspective, please provide the financial information on the separate sheet provided (**Annex A**).

**Section 6 – About your Health and Social Factors**

To enable the Trustees to assess your Application from a health perspective, please complete and sign the Medical Questionnaire (**Annex B**), in which you also consent to the charity contacting your GP to authorise them to provide us with medical information about you either now or in the future. If you are appointed as a resident and, at a later date, 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 accommodation? YES/NO

**Section 7 Safeguarding**

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES / NO. This information will be processed solely for the purposes of this application.

If 'YES', please provide details:

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**Section 8 – References**

Please give the names and addresses of two responsible people (not relatives) who know you well and whom the charity may approach for a reference. Please indicate how you know the referees. We will never disclose sensitive personal data to the referees, but we will supply them with basic information regarding you and your application.

**First referee:**

Name:

Address including postcode:

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Email address:

Telephone No.

**Second referee:**

Name:

Address including postcode:

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Email address:

Telephone No:

## Section 9 – Declaration

- I have read the charity's Conditions of entry **Annex C**.
- I believe that I comply with the Criteria and am eligible to apply to live in one of the charity's flats.
- I declare that the information given in this application is correct and complete to the best of my knowledge and belief. **I understand that the Trustees would be entitled to terminate any licence to occupy accommodation that I may be given as a result of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).**
- I have read this application form carefully and the Community Handbook and I agree to abide by its provisions should I be offered accommodation at St Nicholas.
- **I am willing to attend the daily service when I am in residence unless prevented by illness or some urgent or unavoidable cause.**
- I accept that if I am appointed as a resident, I shall be a beneficiary of the charity and not a tenant. Any sum I pay will be a maintenance contribution and not a rent.
- I confirm that I am able to look after myself and to live independently, with the assistance of family and social services if necessary.
- I consent to the charity holding personal and sensitive data relating to me and my personal circumstances in accordance with the General Data Protection Regulations (GDPR).
- I understand that I have the right to request access to the information that is held by the Charity relating to my data.

I agree that the charity may contact me by: (Please tick as appropriate.)

email

post

telephone

Signature:

Name:

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Date:

Please return your completed application to: The Master, St Nicholas Hospital, St Nicholas Road, SALISBURY, SP1 3DW.

Revised June 2021