**Personal Details**

Surname: …………………………………………….…………. Title: ……………….

Forenames: …………………………………………......... M/F: …………………

Current Address: ………………………………………………………………….………………………

………………………………………………………………………………………………………………………

Next of Kin Details: ……………………………………………………………………………………..

………………………………………………………………………………………………………………………

What is the travel time from Surrey and Sussex to your current address? ……………………………………………………………………………………………………………………….

Home Telephone: ………………………………… Mobile: ……………………………………...

Email Address: …………………………………………………………………………………………….

Car Reg. Number: …………………………………………………………………………………………

National Insurance Number: …………………………………………………………………………

**Work Details**

Hospital Site: ………………………………….. Department: …………………………………..

Job Title: ……………………………………Trust Payroll No:.……………………………………

Brief Outline of Duties ………………………………………………………………………………..

Extension Number: ……………………….. ……..Bleep Number: ………………………..

(\*2) Salary………………………………….

Start date of Employment.**........................................................**

Why are you requesting accommodation? …………………………………………………

Line Manager …………………………………………... Telephone ……………………………

**Accommodation Details**

Type of Accommodation Required: **SINGLE ACCOMMODATION ONLY**

Would you like details of accommodation in the private sector or information on local initiatives for NHS key workers? Yes…………….. No …………………

Required Move in Date:…………………………………Departure Date:………………………….

Signature of applicant:………………………………………………………..

**Declaration:**

Surrey and Sussex Hospital NHS Trust and A2 Housing Group will only process your personal data for the purpose of processing your application for housing and will hold your information reasonably required in connection with your information in accordance with the Data Protection Act 1998.

All information you give us on this form may be shared with the same only in relation to this application.

All information will be treated in the strictest of confidence. We may also share this information for the same purposes with other organisations that handle public funds. The information may be used for statistical surveys, which means we may pass this information in confidence to the Office of the Deputy Prime Minister and agencies working on our and their behalf.

If you know the site/building that you would prefer to live in, please tick the appropriate box below. Please note that we cannot guarantee that we will be able to offer you accommodation at your chosen location. **For further information, visit our Website at** [**www.sashlivingspace.co.uk**](http://www.sashlivingspace.co.uk)**.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site:** |  | **Building:** |  |  |  |
|  | 2-sharing |  | Single Room |  |  |
|  |  |  |  |  |  |
|  | 3-sharing |  | Single Room |  |  |
|  |  |  |  |  |  |
|  | 4-sharing |  | Single Room |  |  |
|  |  |  |  |  |  |
|  | 6-sharing |  | Single Room |  |  |

**……………………………………………………………………………………………………………………………**

**A2 Housing Office**

**Confirm SASH Trust Approval (Line Manager): ……………………… Date:…………………………….**

**Confirm Trust Approval (Employee Services Manager): ………………Date:…………………………….**

**(if no answer from Line Manager)**

**Priority Number Provided:……………………….**

**Action/Notes:** ……………….………………..………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………….

**Payment Method: .**........................................................................................

**Details (**i.e. Dept/Agency Name & Address**):** …………………………………………………………………………

…………………………………………………………………………………………………………………………………………………..

**Allocation:**  …………………………………………………………………………..**Deposit** ………………………………….

**Additional Information Sheet:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The government ask us to prove that we are able to offer a range of services that are accessible to all of our residents equally, regardless of their ethnic origin, sexuality or disabilities. By completing the sections below, it will be used to help us provide services which are more accessible to all of our residents.

|  |  |
| --- | --- |
| **Please tick this box if you would rather not complete this form.** |  |

**(\*1) Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*3) Ethnic Origin (please tick the relevant box):**

It is against the law and our equal opportunities policy to discriminate against anyone because of their sex, colour, race, religion, disability or sexual orientation. In order to ensure that we do not discriminate, we need to keep records. If you do not answer this question it will not affect your application in any way. Sensitive personal data, such as ethnic origin, and physical or mental disabilities are required under the Equal Opportunities Monitoring statute. Under Section 29 (3) of the Data Protection Act 1998 the information may be disclosed for purposed of crime prevention and detection.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A)** | **White** | 1. British |  |  | **D)** | **Black/Black British** | 1. Caribbean |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2. Irish |  |  |  |  | 2. African |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 3. Other |  |  |  |  | 3. Other |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **B)** | **Mixed** | 1. White/Black Caribbean |  |  | **E)** | **Asian/Asian British** | 1. Indian |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2. White/Black African |  |  |  |  | 2. Pakistani |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 3. White/Black Asian |  |  |  |  | 3. Bangladeshi |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 4. Other |  |  |  |  | 4. Other |  |  |
| **C)** | **Chinese or other Ethnic Group** | |  |  |  |  |  |  |  |
|  |  | 1. Chinese |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 2. Other |  |  |  |  |  |  |  |

**(\*4) Religion – What is your religion?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | None |  | Hindu |  | Sikh |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Christian |  | Jewish |  | Other | | |
|  |  |  |  |  |  |  |  |  |
|  |  | Buddist |  | Muslim |  | Rather not say | | |

**(\*5) Sexuality – How do you see yourself?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Lesbian |  | Heterosexual |  | Homosexual |
|  |  |  |  |  |  |  |
|  |  | Bisexual |  | Other |  | Rather not say |

**(\*6) Disability** (Considered as a physical or mental impairment which has a substantial and long term affect on a persons ability to carry out normal day to day activities). Please circle the relevant answer below:

Do you have a disability? Yes / No

If yes, what type of disability? Visual / Mobility / Hearing / Other

Do you use a wheelchair? Yes / No

**(\*7) Correspondence – Would you like correspondence in the following formats? (Please circle the relevant answer):**

Braille - Yes/No Large Print - Yes/No Audio tape/CD – Yes/No

Easy words/pictures – Yes/No Video tape with sign language – Yes/No

Other – Yes/No (please provide details)……………………………………………………………………..