

**Application form for those offering to host asylum seekers**

*Please read ‘Guidance for Potential Hosts’ before completing this form.*

***First Applicant:***

First Names: . . . . . . . . . . . . . . . . . . . . . . . . . Surname: . . . . . . . . . . . . . . . .

Title: (e.g. Mr/Mrs/Ms/Dr/Rev) . . . . . . . . . Male / Female: . . . . . . . . . . . .

Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Post Code: . . . . . . . . . . . . . .

Home phone: . . . . . . . . . . . . . . . . . . . . . . . . . Mobile: . . . . . . . . . . . . . . . . . .

May we call you in the daytime: . . . . . . . . . . . . . . . . . . Age: . . . . .

Email: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

***Second Applicant:***

First Names: . . . . . . . . . . . . . . . . . . . . . . . . . Surname: . . . . . . . . . . . . . . . .

Title: (e.g. Mr/Mrs/Ms/Dr/Rev) . . . . . . . . . Male / Female: . . . . . . . . . . . .

Mobile: . . . . . . . . . . . . . . . . . .

May we call you in the daytime: . . . . . . . . . . . . . . . . . . Age: . . . . .

Email: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Please tell us why you are interested in hosting and include relevant past experience, including training:

***First Applicant:***

***Second Applicant:***

***What is your first language***: Applicant 1 . . . . . . . . . . Applicant 2 . . . . . . . . . . .

Please let us know I you have any other language skills: S-Spoken / W-Written /

1. Fluent / 2 – Intermediate / 3 – Basic / 4 – Minimal

Applicant 1: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Applicant 2: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

***Other people living in your home:***

**Name** **Date of Birth** **Relationship to you** (e.g. child, parent, lodger)

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Have you discussed this application with them? Yes / No

If so, how do they feel about it?

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***What accommodation can you offer?*** e.g. spare room with double /single bed, sofa bed in lounge?

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***Does your home require the use of stairs?*** Please explain and add anything else that you might think could be an issue for some people.

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***Please describe any pets that you have.***

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***How many people would you be prepared to host?*** (generally we will only accept referrals for single people)

One person . . . . . Two single people . . . . . . . A couple . . . . . . Family/Other . . . . . . .

***How frequently would you be prepared for a guest to stay with you?*** (same guest every month for a week, or different guests each week, or…?)

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***Do you have any preference for the gender of guest you are willing to host?***

Male / Female: . . . . . . . . . . . . . . . . . . .

***Are there particular times (e.g. school holidays) when you will not be able to host?***

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**References:** Please give details of two people who will be able to tell us about your suitability for this role. Our preference is that they are not members of your family or household. Please first check that they are willing to provide a reference. Joint applicants need only provide two referees if each knows you both well.

Name: Name:

Relationship to you: Relationship to you:

Address: Address:

Email: Email:

Contact number: Contact number:

***(Emails really help us on postage and speed)***

***Your Health*** - please tell us about any health condition that may be relevant to the hosting role.

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Do you have a disability that may be relevant to this role?

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***Would you be willing for your contact details to be shared only with other hosts for the purpose of getting together and supporting each other? YES / NO***

***Data consent:*** *By signing, you give consent for information contained in this form to be shared within the East Lindsey Area of Sanctuary Sanctuary Breaks scheme).*

**I have understood the above and confirm agreement.**

**Signed\*:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date:** . . . . . . . . . . . . . . .

**Signed\*:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date:** . . . . . . . . . . . . . . .

**\*Electronic/printed signatures acceptable**

Preferably please send your completed application form electronically to: **heather@eastlindsey.cityofsanctuary.org**

**Or if this is not possible** please post to:

**Freshfields, Main Street, Gayton le Marsh, Alford LN13 0NS**

We will normally arrange to visit with you after receipt of your application to assess your kind offer further and to answer any other questions that you may have. However, if you wish to discuss your application prior to this or would like any further details, please email us your enquiries at the above listed email.

***Thank you*** for taking the time to complete this application. We really appreciate your interest in hosting and will hope to contact you soon

**For office use only**

References checked by:

Date:

Satisfactory / Unsatisfactory (delete as appropriate)

Visit date: