This form is for people applying to Westminster City Council for rented housing who are not homeless, threatened with homelessness or tenants of the council.

If you are a Westminster Council tenant and you wish to transfer to another rented home, please complete a tenant transfer form; you can get one from your local estate office or download one at: www.westminster.gov.uk/apply-social-housing#making-an-application

If you are homeless or threatened with homelessness, do not fill in this form. Instead, please register for housing advice and assistance at www.westminster.gov.uk/homelessness#get-help-with-homelessness An advisor will then contact you.

When completing this form, please use BLOCK CAPITALS, black ink and tick the correct boxes. If you are not sure of the answer, tick the box you think is right and give an explanation in the space provided on page 9.

Any information supplied will be treated in accordance with the Data Protection Act 1998 and, under normal circumstances, will be used only for purposes compatible with the assessment of your housing needs and entitlements. If you need to include someone else’s personal data, you must seek their consent before doing so.

The information you give must be true to the best of your knowledge. It can be a criminal offence to get or try to get a council or housing association tenancy by giving false or misleading information or by not disclosing relevant information. If you obtain a tenancy as a result of fraudulent misrepresentation, the landlord may take court action to evict you and you may be prosecuted.

On completion, return the form to us at the address on the back cover.

Who we register for housing
Council and housing association homes are in very short supply and we are only likely to register you for housing, if one or more of the following applies.

- You have lived in Westminster for the last three years and your accommodation is so overcrowded that it is classed, under housing legislation, either as being a Band A Category 1 Hazard or unfit for human habitation. This will only be the case if your accommodation is severely overcrowded.

- You have lived in Westminster for the last three years and you (or a member of your family who we agree is reasonably expected to live with you) have a serious medical condition which is made significantly worse by your (or their) current home or its location. If we agree that this applies to you, we may, depending on your needs, offer you a tenancy with a private landlord rather than a council or housing association property.

- You have a very high welfare need and are being nominated for housing by Westminster social services or a hostel from which we accept nominations — in which case, your application should be made through social services or the hostel, as appropriate, and also include a separate nomination form.
1. Your personal details

Surname

Mr./Mrs./Miss./Ms

First name(s)

Date of birth

Day
Month
Year

What is your national insurance number?

2. Your contact details

Daytime phone number

Evening Phone number

Email address

3. Ethnic origin and nationality

We want to ensure our services are available to people who are entitled to them, whatever their race, colour or national origin. The information you give here will help us do this.

What you tell us will not affect your housing application and you do not have to give this information if you do not want.

Of which of these groups do you consider yourself to belong?

- White British
- White Irish
- White European
- White Other
- Bangladeshi
- Indian
- Pakistani
- Asian other
- Black African
- Black Caribbean
- Black British
- Black other
- Mixed—White and Black African
- Mixed—White and Black Caribbean
- Mixed—White and Asian
- Mixed other
- North African
- Arab
- Iranian
- Other Middle Eastern
- Another (say which) __________________________
- Not willing to say
4. Your reason for applying
Please tick the appropriate box (you may tick more than one if necessary) and give details of your reason for applying on page 9 (20).

☐ You have a disability, or severe medical problem or welfare concern — if you tick this box please complete the Medical Assessment Form at the end of this form

☐ You need accommodation for older people

☐ You need a larger home — if you tick this box please supply an environmental health report

☐ You have been formally referred to us by your landlord under a reciprocal arrangement

☐ Another reason (Please say what)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Your address

Day    Month    Year

Post code

When did you move in to your current home?

Day    Month    Year
6. The size of your current home
Please indicate which rooms you have the use of

☐ Bed-sitting room
☐ Living room
☐ Dining room
☐ Kitchen
☐ 1 bedroom
☐ 2 bedrooms
☐ 3 bedrooms
☐ 4 bedrooms
☐ 5 or more bedrooms

Do members of your household share any rooms with members of another household?

☐ Yes        ☐ No

If yes, say which rooms are shared

7. On what basis do you occupy your home?

☐ You own or are buying it
☐ You are renting from a private landlord
☐ You are renting from a housing association
   Give name and address of housing association

☐ You live with foster carers
☐ You live in a care home, hostel or refuge
☐ Other (please specify)  ____________________________
                           ____________________________
                           ____________________________
8. All the other people you want to include in your application (continue on a separate sheet if necessary)

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name(s)</th>
<th>Date of birth</th>
<th>National Insurance number</th>
<th>Relationship to you</th>
<th>Are they living with you now?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Day_ Month_ Year</td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day_ Month_ Year</td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day_ Month_ Year</td>
<td></td>
<td></td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

☐ Yes  ☐ No

☐ Yes  ☐ No

☐ Yes  ☐ No
Surname
First name(s)
Date of birth
National Insurance number
Relationship to you
Are they living with you now?

Surname
First name(s)
Date of birth
National Insurance number
Relationship to you
Are they living with you now?

Surname
First name(s)
Date of birth
National Insurance number
Relationship to you
Are they living with you now?
9. Have you or your partner lived in Westminster continuously for the last three years?
   □ Yes □ No

10. Are you seeking asylum?
   □ Yes □ No

11. What is the combined annual income (including benefits) of all the people included in your application?
   £
   Please supply relevant payslips/benefits letters or bank statements. Without these we will not be able to process your application

12. What is the total combined amount of savings possessed by members of your household?
   £
   Please supply relevant bank statements. Without these we will not be able to process your application

13. Does anyone in your application own a property, or rent a home that is not your current home as given on page 2, above?
   □ Yes □ No
   If yes, give details including the name of the person and the address of the property/properties they own, or are buying or renting

14. Have you or your partner lived in Westminster continuously for the last 10 years?
   □ Yes □ No
15. Have you or your partner been employed for 16 or more hours per week for the last two years with no more than one month’s break in employment?

☐ Yes  ☐ No

16. Medical problems and disabilities

Is anyone in your application disabled?
If yes complete the Medical Assessment Form attached to this form

☐ Yes  ☐ No

Does anyone in your household use a wheelchair?

☐ Yes  ☐ No

Is the health or well-being of someone in your household being made worse by their current accommodation or its location?

☐ Yes  ☐ No

If yes, give details

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
17. Welfare

Does anyone in your household have a social services care manager?  
☐ Yes  ☐ No

If yes, give details

Name of person with a care manager

Care Manager’s name

Care Manager’s phone number

Care Manager’s email address

18. Armed forces

Is anyone in your application a member or former member of the regular forces?  
☐ Yes  ☐ No

Does anyone in your application need to move home because of a severe injury, medical condition or disability sustained whilst serving in the reserve forces?  
☐ Yes  ☐ No

Is anyone in your application the bereaved spouse or civil partner of a member of the Armed Forces who is leaving Services Family Accommodation as a result of their spouse/partner’s death?  
☐ Yes  ☐ No
19. Work and family links to Westminster City Council

Is anyone in your application employed by Westminster City Council?

☐ Yes  ☐ No

If yes, give the person's name and the department in which they work

________________________________________________________________________

________________________________________________________________________

Is anyone in your application an elected Westminster City Councillor or related to an elected Westminster Councillor?

☐ Yes  ☐ No

If yes, give details

________________________________________________________________________

________________________________________________________________________

20. Additional information in support of your application

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DOCUMENT CHECKLIST

Without these documents the Housing Solutions Service will not be able to process your application

☐ IDENTIFICATION: Passport or birth certificate for every member of your household

☐ PROOF OF RESIDENCE: tenancy agreement, utility bill, or Council Tax bill

And if required

☐ MEDICAL ASSESSMENT FORM

☐ ENVIRONMENTAL HEALTH REPORT
Westminster City Council (WCC) has a statutory duty in relation to homelessness and the allocation of housing within the City of Westminster. This statutory duty is set out in the:

- Housing Act 1996 Parts 6 & 7 (as amended)
- Homelessness Act 2002 and

This Privacy Notice was prepared to be as comprehensive as possible, but it does not include an exhaustive list of every aspect of our collection and use of personal information. However, we would be happy to provide any further information or explanation about our practices.

The Housing Solutions Service offers advice and assistance to households who contact us about their housing options, homelessness, threatened homelessness or any household wishing to apply to go on Westminster City Council’s housing register. It is also responsible for the allocation of temporary accommodation, private rented accommodation and social housing.

Westminster respects your privacy and is committed to protecting your personal data. This Privacy Notice will inform you about how we look after your personal data when we receive it and tell you about your privacy rights and how the law protects you.

**Data Controller – Westminster City Council**

In relation to the services offered by the Housing Solutions Service; Westminster City Council is the Data Controller. This means that the council has the overall duty and responsibility under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) when it comes to your personal data.

The Council is registered as a Data Controller with the Information Commissioner’s Office (ICO). Their registration number is Z5674504. You can view it on the ICO Website. This complies with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

Any concerns or issues you may have about how we look after your personal information can be raised with Westminster City Council. The council has a Data Protection Officer who makes sure we respect your rights and follow the law relating to your personal information. If you have any concerns or questions about how we look after your personal information, please email the Data Protection Officer at dpo@westminster.gov.uk.

The address for Westminster City Council is 64 Victoria Street, London, SW1E 6QP and their phone number is 020 7641 2000.

Your personal information is only used for a specified purpose(s) but if we intend to use it for any other new purposes we will normally ask you first. For instance in some cases, the Council may wish to use your information for another purpose such as related to improving and developing services, or to prevent or detect fraud. In any event our processing will always have a demonstrable lawful basis.

Where practicable and reasonable we will always seek to inform you of any significant proposed changes to how we process or intend to process your personal data, in order to ensure full transparency over how we handle your information.
Personal data we collect

We collect the following personal data:

- Information from the Home Office regarding immigration status
- Information from other council departments e.g. Council Tax and Housing Benefit
- Information from other local authorities
- Information from landlords, private and social
- Information from employers
- Information from financial institutions and third party credit agencies
- Information from Department of Works and Pensions and welfare benefits agencies
- Information from medical and healthcare professionals and agencies
- Information from services delivered or contracted by local authorities to promote the well-being of children (such as children’s, mental health and education services)
- Information from services delivered or contracted by local authorities to promote the well-being of adults (such as adult social care and mental health services.
- Information from the Police, probation and criminal justice services
- Information from partner agencies

Why we collect your personal data

We collect your personal data for a number of reasons –

- to provide you with advice or support or a housing service that you have requested or been referred to us for
- to administer services Westminster City Council or the Housing Solutions Service is providing to you
- to address and resolve complaints about our services
- to carry out research to find out more information about the users of our service
- to comply with applicable laws and requests from statutory agencies
- to comply with any contractual obligations we have

How we collect your personal data

We collect your personal data in a number of ways –

- by any paper application(s) you complete
- by letter
- by telephone or email conversations, or face-to-face interactions
- by digital forms completed via an online portal
What we use your personal data for
If you contact us about your housing options, being homeless or threatened homelessness or the Housing Register, we will use your personal data to:

• assess your situation
• contact you about your situation and the information you have provided
• ask you to provide documents to prove your homelessness, threatened homelessness or housing circumstances
• contact third parties with your personal information to request further personal information about you
• refer you to third parties and/or other agencies that may be able to help you.

Who we may share your data with
Which third parties and/or other agencies we may refer you to will depend on your personal situation, but may include:

• Social services and related agencies
• NHS medical professionals
• Your doctor or associated doctor’s surgery staff
• Housing associations
• Other departments within Westminster City Council
• The Home Office

This list is not exhaustive, and we may need to use your data to refer you to other third parties and/or other agencies.

Consent and complying with the law
We will always ask your consent to share your personal information unless we have a legal duty or power to provide it without your consent, for example as part of the National Fraud Initiative.

Sometimes third parties may request information on your behalf about your housing application and they must provide your consent and show they are compliant with the Data Protection Act 2018 for us to do this. We have to process your personal data to comply with our legal obligations under the law on housing and homelessness.

Where you have criminal convictions or offences, we can process relevant personal information for the purposes of complying with the law on housing and homelessness. This is because:

• the processing is necessary to meet Westminster City Council’s obligations under housing and homelessness law, and
• our Privacy Notice sets out how we will comply with the data protection principles.

Where we get your personal data from
Information you supply
For the purposes of homelessness applications and approaches for advice on homelessness, housing options and the Housing Register, you are the applicant and are the source of the personal data about you and the members of your household.
Information from other sources
We may also gather personal information about you and your household from other sources. Examples include:

- private sector landlords, housing associations, lettings agents
- mortgage lenders
- health services
- children, family and adult services
- education services
- Department of Work and Pensions
- Westminster City Council departments such as Housing Benefit and Council Tax
- the Police, prisons, probation and youth offending services
- Citizens Advice and voluntary sector organisations.

Who processes your data and who we share it with
Housing Solutions staff involved in the administration and management of the Housing Register, homelessness and housing advice and options will receive and process your data.

We may share information about you relating to your housing options, homelessness, threatened homelessness and your housing application third parties, including:

- The Home Office
- Other council Departments e.g. Council Tax and Housing Benefit
- Other local authorities
- Landlords, private and social
- Employers
- Financial institutions and third party credit agencies
- The Department of Works and Pensions and welfare benefits agencies
- Medical and healthcare professionals and agencies
- Services delivered or contracted by local authorities to promote the wellbeing of children (such as Children’s Services, mental health services and education services)
- Services delivered or contracted by local authorities to promote the wellbeing of adults (such as Adult Social Care and mental health services).
- Police, probation and criminal justice services
- Partner agencies
- This list is not exhaustive and other third party agencies not included here may need be contacted by us from time to time.
Homelessness data for research
We will share data with the Ministry of Housing, Communities & Local Government to evaluate and research homelessness on a national scale.

Transferring your data outside the UK or European Union
We will generally not transfer the personal data you have provided outside of the UK or European Union, unless this is required to investigate your housing application. When necessary this will be done in compliance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

How long we keep your personal data
We will keep the personal data you have supplied for six years after your housing situation has been resolved and you have not contacted us again in relation to housing or homelessness.

If you apply to join the housing register and you do not renew your application or contact us about it again, we will keep your personal data for six years after the renewal date was due.

If you are a Westminster City Council tenant, we will keep your personal information while you are a tenant and destroy it six years after your tenancy ends.

Automated decision making
We will not use the personal data you provide to make any automated decisions.

Your rights as a data subject
You have the right to:

• see the personal data Westminster City Council holds about you at any time. This is subject to certain caveats, for example, where third parties are identified.

• ask Westminster City Council to correct any errors in the personal data we hold about you.

• ask Westminster City Council to erase your personal data. This right will not apply where we are processing your personal data because it is necessary to comply with a legal obligation.

• request that Westminster City Council restrict the processing of your personal data. This will only apply in certain situations, for example where:
  - its accuracy is contested
  - the processing is unlawful and you oppose its proposed erasure by us
  - we no longer need to process the personal data, but it is required by you in connection with legal claims.

• object to the processing by Westminster where the processing is necessary for a task carried out in the public interest or in the exercise of official authority vested in the data controller. We will still be able to continue with the processing in certain circumstances, such as if there are compelling grounds for the processing which override your interests.

• Making a subject access request (SAR)
If you wish to access personal information that Westminster may hold about you, either on paper or electronically, you can make a subject access request. You can also ask us to allow others to see your record.

Please note that we can’t let you see any parts of your record which contain:

- confidential information about other people
- data we think will cause serious harm to you or someone else’s physical or mental wellbeing
- information that may stop us preventing or detecting a crime.

Please write to:

Data Protection
Westminster City Council
(Information Services)
1st Floor
5 Strand
London
WC2N 5HR

Email: dataprotection@westminster.gov.uk

**Will you use my personal data for a different purpose?**

No. If we need to make any changes under the Data Protection Act, we will publish a notice on our website explaining what has changed and update our privacy notice.

**Right to complain**

If you have any worries or questions about how we manage your personal information, please email the Westminster City Council Data Protection Officer at dpo@westminster.gov.uk. This is because they are the Controller of your personal information for these services.

If you are dissatisfied with how we process your personal data, you have the right to complain to the Information Commissioner. Their website is found here - https://ico.org.uk. Their address is Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.

The Housing Solutions Service is delivered on behalf of Westminster Council by RMG Ltd in partnership with The Passage Day Centre and Shelter.

*Residential Management Group*

*RMG House*

*Essex Road*

*Hoddesdon*

*Hertfordshire*

*EN11 0DR*
CONSENT AND DECLARATION

DATA PROTECTION ACT 2018 AND THE GENERAL DATA PROTECTION REGULATION

Before we can take any personal information to process your application for homelessness or housing support we will need your consent. Before you sign this Consent Form you should first read our Privacy Notice above. We are obliged to give you our Privacy Notice when we take your personal information.

By signing this consent form you are agreeing to us seeking information about you from third parties, and using and sharing information about you with certain third parties. What information we will be asking for and what information we will be passing on to those third parties is all listed in our Privacy Notice.

The City Council will share information on a ‘need to know’ basis but there are certain exemptions under the Data Protection Act 2018 which mean that your personal information can be shared for the purposes of preventing or detecting crime and if there is an overriding public interest.

We do not usually need your explicit consent to share certain information with third parties particularly if there is an immediate risk to the health and safety of an individual, staff or the public.

General principles
I understand that any information given by me relating to my application for housing will be used to process my application for housing in accordance with the Data Protection Act 2018 and the General Data Protection Regulation.

I understand that I can request to see all the information the Council holds relating to my application for housing, and ask for any inaccurate information to be removed.

I understand that refusing to agree to the Council gathering and sharing information may prevent the Council from assessing my housing application and providing me with suitable advice and/or assistance.

Gathering Information
I give consent for the Council to obtain information from my landlord or other third parties which it requires to investigate my application.

I agree that the information I give to support my application for housing can be checked now, or in the future with other departments within the Council and other organisations as allowed by law, to verify the information in this application and to prevent errors.

Sharing Information
I give consent to the Council to share my personal information with landlords and other housing providers who work with the Council now and in the future to enable them to consider my application for housing

I agree that the Council may share information with the agencies listed on this form to detect and prevent fraud, promote safeguarding, prevent risk or harm arising to me and members of our households or to any third party and promote adult and child well-being

I agree the Council may share information with the listed agencies so it can provide me/us and our household with appropriate services and support.
I understand that the Council will only share information for the above purposes only.

I agree that the Council may share or seek information with the following

• The home office
• Other Council Departments e.g. Council Tax and Housing Benefit
• Other local authorities
• Landlords private and social
• Employers
• Financial institution and third party credit agencies
• Department of Works and Pensions and welfare benefits agencies
• Medical and healthcare professionals and agencies
• Services delivers or contracted by local authorities to promote the well-being of children (such as Children’s Services, mental health services and education services)
• Services delivered or contracted by local authorities to promote the well-being of adults (such as Adult Social Care and mental health services.
• Police, probation and criminal justice services

Consent and declaration
I declare the information I have given on this application is to the best of knowledge true and correct. I agree to tell Westminster Council’s Housing Solutions Service of any changes in my circumstances that may affect the information I have given.

I understand that it is an offence to knowingly provide false or inaccurate information, or withhold information; the Council may defer, cancel or amend my application. I understand that I may be prosecuted if I get or try to get accommodation by giving false information or not disclosing relevant information. I also understand that if get accommodation as a result of false information given knowingly or recklessly, the landlord of the accommodation may take legal action to recover the property.

I authorise you to use my information in the manner prescribed above and for third parties to disclose information to Westminster Council for these purposes. I have been advised that this authorisation may be photocopied and I have agreed that copies may be used to obtain the required information

Signed (main applicant) …………………………………………………………………………………………… Date ……………………………

Signed (joint applicant) ………………………………………………………………………………………………… Date ……………………………
WESTMINSTER CITY COUNCIL
Housing Solutions Service

MEDICAL ASSESSMENT FORM

Ref. No. ______________

Filling in this form:

Please complete this form in FULL if you have a medical/health condition that you would like us to consider as part of your assessment with us. Please give as much detail as possible as failure to do so could result in a delay of the assessment.

Separate forms should be filled in for anyone who we have agreed is part of your household.

We will carefully consider the information you provide and if necessary, it will be referred to our Medical Advisor for an opinion and/or recommendation.

Supporting information:

If you already have any of the following, please enclose copies with this form:

- Medical Letters or Reports
- Prescriptions
- Hospital Discharge Summary
- Disability Benefit Award, e.g. Disability Living Allowance or Personal Independence Payment
- Letter showing award of Employment and Support Allowance (Support Group)
- Patient Summary (you can ask your GP for this if seeing them before completing the form).

If you do not have any supporting information, if necessary, we will contact the health professionals that you are in the care of. To do this, we require full completion of the Declaration and Authorisation on the last page of this form.

Taking in to account all of the relevant information we will give a decision about the assessment, which includes if any medical priority can be given. Notification will be put in writing, detailing how it affects your application.

If you would like information on how to be more independent/safe in your own home or you or someone you know is a carer for a vulnerable person please visit www.peoplefirstinfo.org.uk for information on the help available and your rights under the Care Act 2014.
## SECTION 1 DETAILS OF PERSON TO BE ASSESSED

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>First name(s):</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>☐</td>
</tr>
<tr>
<td>Female</td>
<td>☐</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>.../.../...</td>
</tr>
<tr>
<td>Contact telephone number:</td>
<td></td>
</tr>
<tr>
<td>Relationship to main applicant:</td>
<td></td>
</tr>
<tr>
<td>Current address:</td>
<td></td>
</tr>
<tr>
<td>Post Code:</td>
<td></td>
</tr>
<tr>
<td>Date moved in:</td>
<td></td>
</tr>
</tbody>
</table>

## SECTION 2 YOUR CURRENT ACCOMMODATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of accommodation do you have?</td>
<td>☐ Flat ☐ House ☐ Maisonette ☐ Hotel ☐ Hostel</td>
</tr>
<tr>
<td>☐ Other (please specify):</td>
<td></td>
</tr>
<tr>
<td>If you have a council tenancy, are you a</td>
<td>☐ Yes ☐ No - Please state which Council:</td>
</tr>
<tr>
<td>Westminster Council tenant?</td>
<td></td>
</tr>
<tr>
<td>How many bedrooms do you have?</td>
<td>... bedrooms</td>
</tr>
<tr>
<td>What floor is the entrance to your</td>
<td>... floor</td>
</tr>
<tr>
<td>accommodation on?</td>
<td></td>
</tr>
<tr>
<td>Are there any stairs inside your</td>
<td>☐ No ☐ Yes - How many? ... stairs</td>
</tr>
<tr>
<td>accommodation?</td>
<td></td>
</tr>
<tr>
<td>Is there a lift?</td>
<td>☐ No ☐ Yes - Does it go to your floor?</td>
</tr>
<tr>
<td>If there is no lift, how many steps are</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>there from the main entrance to your front</td>
<td></td>
</tr>
<tr>
<td>door?</td>
<td></td>
</tr>
<tr>
<td>Do you have use of your own kitchen and</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>bathroom?</td>
<td></td>
</tr>
<tr>
<td>If no please state where they are located</td>
<td></td>
</tr>
<tr>
<td>and who you share with:</td>
<td></td>
</tr>
</tbody>
</table>
### SECTION 3  MEDICAL DETAILS

**Medical/health Condition(s):**

1: …………………………………………………………………………………………

2: …………………………………………………………………………………………

3: …………………………………………………………………………………………

4: …………………………………………………………………………………………

5: …………………………………………………………………………………………

6: …………………………………………………………………………………………

7: …………………………………………………………………………………………

8: …………………………………………………………………………………………

**What medication are you taking and what is it for?**

(Attach copy of repeat prescription if you have one)

<table>
<thead>
<tr>
<th>Medication (include dosage):</th>
<th>For the treatment of?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>______________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>______________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>______________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>______________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>______________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

**Who is treating you (e.g. doctor, hospital consultant, other – please specify)?**

…………………………………………………………………………………………..

…………………………………………………………………………………………..

………………………………………………………………………………………..
Are you waiting for an operation?  
☐ No  ☐ Yes - Please give details:

What is your NHS Hospital Number?.................................

Are you pregnant?  ☐ No  ☐ Yes - Expected date of delivery:…/…/……

Are there any pregnancy related complications?  ☐ No  ☐ Yes - Give details:

Are you registered blind?  
☐ No  ☐ Yes - Registration Number: ……………………

Can you climb one flight of stairs (approx. 14 steps)?  ☐ Yes  ☐ No - 

If no, how many stairs can you climb or give the reason why you cannot climb any:.................................................................

Do you use a wheelchair?  ☐ No  ☐ Yes - please give details:

Inside and outside accommodation?  ☐ Yes  ☐ No – if no, give details of when you use it: .................................................................

Do you use a walking aid e.g. a walking stick?  ☐ No  ☐ Yes - Please give details:

If you have difficulty walking, how far can you walk before needing a rest?  
☐ Less than 50 metres (e.g. the length of 5 double decker buses)
Between 50 and 100 metres  □  Between 100 and 200 metres  □
□  Over 200 metres

Are you in receipt of Disability Benefit such as a Personal Independence Payment or Employment and Support Allowance (Support Group)?
□  No  □  Yes – Please enclose a copy of your entitlement/award letter.

Is your medical/health condition affected by your current accommodation or accommodation that we are offering you?
□  No  □  Yes - Please state how (use separate sheet of paper if necessary):

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

SECTION 4  DETAILS OF ANY CARE RECEIVED OR GIVEN

CARE RECEIVED

Do you have a carer?  □  No  □  Yes  If yes,

Who provides you with care?

Surname:……………………………  First name(s):……………………………
□  Male  □  Female  Date of birth:……/……/…….
 Relationship to you: ............................................................................................................

 Carers Address: ..............................................................................................................

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

 Contact telephone number: .........................................................................................

 Explain the care that you receive:
 ........................................................................................................................................
 ........................................................................................................................................

 Do you need care during the day?  □ No  □ Yes – Explain why:
 ........................................................................................................................................
 ........................................................................................................................................

 Do you need care overnight?  □ No  □ Yes – Explain why:
 ........................................................................................................................................
 ........................................................................................................................................

 Do you need help with activities of daily living for example, travelling, shopping, cooking, washing etc?  □ No  □ Yes - give details:
 ........................................................................................................................................
 ........................................................................................................................................
 ........................................................................................................................................

 Do you have a care package put in by a Mental Health or Social Services Team?  □ No  □ Yes - Please give details:
 ........................................................................................................................................
 ........................................................................................................................................
 ........................................................................................................................................
**CARE GIVEN**

Do you provide care for anyone?

- [ ] No  
- [ ] Yes  

If yes:

**Person you provide care for:** ……………………………………………………………

**Relationship to you:** …………………………………………………………………

**Person’s illness?** ………………………………………………………………………

**Actual care provided:** …………………………………………………………………

………………………………………………………………………………………………

**Number of hours per week that care is given?** ……. hours

**Where is the care given e.g. address?** …………………………………………………

………………………………………………………………………………………………

**Is person in receipt of Carers Allowance?**  

- [ ] Yes  
- [ ] No  

If no, please state why:

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

### General Practitioner (GP/Doctor):

<table>
<thead>
<tr>
<th>Title</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of surgery</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Postcode</th>
<th>Telephone number</th>
<th>Fax number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hospital Consultant:

<table>
<thead>
<tr>
<th>Title</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital name</th>
<th>Department/Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Postcode</th>
<th>Telephone number</th>
<th>Fax number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hospital Consultant:

<table>
<thead>
<tr>
<th>Title</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital name</th>
<th>Department/Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Postcode</th>
<th>Telephone number</th>
<th>Fax number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Psychiatrist / Psychologist / Therapist:
Title: …… Surname:……………………………………

Address: …………………………………………………………………………………………………………
………………………………………………… Postcode: ……………
Telephone number:……………… Fax number:………………

Care Manager:
Title: …… Surname:……………………………………

Address: …………………………………………………………………………………………………………
………………………………………………… Postcode: ……………
Telephone number:……………… Fax number:………………

SECTION 6 ADDITIONAL INFORMATION

Please use this space to provide any additional information about how your medical/health condition(s) affect you that was not covered in the questions asked above:

………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………
………………………………………………………………………………………………………
SECTION 7 DECLARATION AND AUTHORISATION

Warning of criminal offences under the Housing Act 1996

I declare the information I have given on this application is to the best of knowledge true and correct. I agree to tell Westminster Council’s Housing Solutions Service of any changes in my circumstances that may affect the information I have given.

I understand that it is an offence to knowingly provide false or inaccurate information, or withhold information; the Council may defer, cancel or amend my application. I understand that I may be prosecuted if I get or try to get accommodation by giving false information or not disclosing relevant information.

Please ensure that you have read the Data Protection Act 2018 and the General Data Protection Regulation notice (Privacy Notice) on the Housing Application Form above.

By signing this consent form you are authorising us to seek medical information about you and share information about you with third parties.

I agree to tell Westminster’s Housing Solutions Service of any changes which affect the information I have given. I understand that if I have given false or inaccurate information or I do not tell the Housing Solutions Service of any relevant changes in my circumstances, the City Council may defer, cancel or amend my application.

I also agree to allow my doctor/hospital consultant/psychiatrist/other health professional to give details about my medical condition(s) related to my application for rehousing to Westminster City Council’s Medical Advisor.

Title: ........  Title: ........
Surname: .........................  Surname: .........................
First name(s): ...................  First name(s): ...................
Signature: .......................  Signature: .......................
Date: .........................  Date: .........................
If you did not complete this form yourself, who filled it in for you?

Title: ..........  Surname: ..................................  First name(s): ...............  

Relationship to you: ..................................  

Job title: ..................................  Company/Organisation: ......................  

Completed form to be sent to: 
Housing Solutions Service, PO Box 73471, London, NW1 1LG