



# Warwick District HomeChoice application form

## 1. Your details

	You (the applicant)	Joint applicant																																								
Title (Mr/ Mrs/ Miss/ Ms/other)																																										
Surname (family name)																																										
First names																																										
Are you known or have you been known or used any other name? Please give details.																																										
Nationality																																										
Date of birth (dd/mm/yyyy)	/       /	/       /																																								
Gender (leave blank if you prefer not to say)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>																																								
Current address	..... ..... ..... .....	..... ..... ..... .....																																								
Postcode																																										
What date did you move to this address?																																										
Please tell us where we can get in touch with you by post if you are homeless or have no fixed address?																																										
Landline phone number																																										
Mobile phone number																																										
Email address																																										
National Insurance Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

Do you need someone to act on your behalf with regard to your HomeChoice application? This could be a friend or relative who is helping you.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want all correspondence sent to this person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for the Council to discuss all aspects of your HomeChoice application with this person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give the full name, address including postcode and phone number of the person who will be helping you.	Name ..... Address ..... ..... Postcode ..... Phone No. ....	Name ..... Address ..... ..... Postcode ..... Phone No. ....

## 2. Household

Please give details of who will live with you.

	Surname	First names	Date of birth	Sex Male or female	Relationship to you	Tick if this person lives elsewhere
Person 1			/ /			
Person 2			/ /			
Person 3			/ /			
Person 4			/ /			
Person 5			/ /			

Is anyone who will live with you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', please give their name, the date the baby is due and the sex of the baby if known Name: ..... Date: ..... Sex (if known): .....	
Are you receiving Child Benefit/ Child Tax Credit or an extra amount of Universal Credit for a child or young person who lives or will live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an approved foster carer or prospective adopter? If so, please tell us how many children you have been approved to care for and if possible give the age/s and sex.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 3. Local connection

To join HomeChoice you need to have a local connection to Warwick District, or you need to meet the criteria that means you don't need one.

Please fill in the questions below to help us to decide if you can join HomeChoice.

#### What is your local connection to Warwick District?

	You (the applicant)	Joint applicant
Have you lived in the district for at least six months out of the last 12 months or at least three years out of the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed in the district in permanent paid work?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If 'Yes', please give the name and address of your employer and the date you started.  Name: ..... Address: ..... ..... ..... ..... Date: ..... .....	Yes <input type="checkbox"/> No <input type="checkbox"/>  If 'Yes', please give the name and address of your employer and the date you started.  Name: ..... Address: ..... ..... ..... ..... Date: ..... .....
Do you have a close family association in the district?	Yes <input type="checkbox"/> No <input type="checkbox"/>  If 'Yes', please give the name of the family member, their date of birth, address, phone number, how long they have lived there and their relationship to you.  Name: ..... Date of birth: ..... Address: ..... ..... ..... Phone: ..... Time at address: ..... Relationship to you: .....	Yes <input type="checkbox"/> No <input type="checkbox"/>  If 'Yes', please give the name of the family member, their date of birth, address, phone number, how long they have lived there and their relationship to you.  Name: ..... Date of birth: ..... Address: ..... ..... ..... Phone: ..... Time at address: ..... Relationship to you: .....

**Please tick if any of these apply to you.**

	<b>You (the applicant)</b>	<b>Joint applicant</b>
Are you currently serving or have you ever served in the regular forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the husband, wife or civil partner of armed forces personnel and leaving service family accommodation after the death of your partner in active service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you the ex-husband, wife or civil partner of armed forces personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you answered “No” to every question on the previous page, please tick if any of these apply to you.**

	<b>You (the applicant)</b>	<b>Joint applicant</b>
Do you need to move to the district to receive support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a council or housing-association tenant who needs to move to the district to avoid hardship and because of work or an offer of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need to move because you are a victim of domestic violence or harassment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a key public-sector worker and need to move to the district to take up a job?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have we or any other Local Authority accepted you as homeless?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 4. Immigration status

Some classes of people living in the United Kingdom are not entitled to housing by the local authority on the basis of their immigration status. We will carry out checks to confirm your eligibility.

	You (the applicant)	Joint applicant
<p>Are you a UK citizen?</p> <p>What date did you last enter the UK?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Are you an EU citizen?</p> <p>What date did you last enter the UK?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Are you subject to immigration control as a result of the Asylum &amp; Immigration Act 1996?</p> <p>If yes please give details including the date you last arrived in the UK?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give details.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If 'Yes', please give details.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Have you lived or worked abroad?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give dates and details.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give dates and details.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

## 5. Convictions

Have you (or any member of your household) been convicted of any 'offences against the person', this means you have committed a crime causing direct physical harm or force being applied to another person, this includes but is not limited to fatal and sexual offences, assault and injury, or 'crimes against property' which includes arson, theft, burglary, robbery, and fraud. You do not need to tell us about convictions which are 'spent' under the Rehabilitations of Offenders Act 1974

Yes  No

If 'Yes' give the name of the household member, date of conviction and reason for conviction.

Name: .....

Date of conviction: .....

Offence: .....

.....

.....

.....

.....

## 6. Where have you lived before?

Please give details of all the addresses where you and your joint applicant have lived during the past five years starting with your current address.

You (the applicant)					
Full address	Date from	Date to	Reason for leaving	Name and address of Landlord	Tenure (private, owner etc.)
..... ..... .....	/ /	present	..... ..... .....		
..... ..... .....	/ /	/ /	..... ..... .....		
..... ..... .....	/ /	/ /	..... ..... .....		

Joint applicant			
Full address	Date from	Date to	Reason for leaving
..... ..... .....	/ /	present	..... ..... .....
..... ..... .....	/ /	/ /	..... ..... .....
..... ..... .....	/ /	/ /	..... ..... .....

## 7. Tenure

Please tick the type of accommodation you live in.

Warwick District Council tenant <input type="checkbox"/>	Looked after by social services <input type="checkbox"/>
Council tenant outside the area <input type="checkbox"/>	Shared accommodation <input type="checkbox"/>
Housing-association tenant in the area <input type="checkbox"/>	To join two households (where two tenants of social landlords want to move in together) <input type="checkbox"/>
Housing-association tenant outside the area <input type="checkbox"/>	For this option also tick one of the following.
Private tenant in the area <input type="checkbox"/>	A. Both households are council tenants <input type="checkbox"/>
Private tenant outside the area <input type="checkbox"/>	B. Both households are housing-association tenants <input type="checkbox"/>
Owner <input type="checkbox"/>	C. One household is council tenant and one is a housing-association tenant <input type="checkbox"/>
Shared owner <input type="checkbox"/>	Other (please give details)
Bed and breakfast <input type="checkbox"/>	.....
Lodger <input type="checkbox"/>	.....
Living with friends <input type="checkbox"/>	.....
Armed-forces accommodation <input type="checkbox"/>	.....
Hostel or supported accommodation <input type="checkbox"/>	.....
Living with family <input type="checkbox"/>	.....

## 8. Current home

What type of accommodation do you live in?

House <input type="checkbox"/>	<input type="checkbox"/> Other (please give details): ..... ..... ..... ..... .....
Flat <input type="checkbox"/>	
Maisonette <input type="checkbox"/>	
Bedsit <input type="checkbox"/>	
Bungalow <input type="checkbox"/>	
Caravan or mobile home <input type="checkbox"/>	
Room in a shared house <input type="checkbox"/>	
Supported accommodation <input type="checkbox"/>	
Armed-forces accommodation <input type="checkbox"/>	
Homeless <input type="checkbox"/>	
How many bedrooms does your current home have? ..... .....	
If you live in a block of flats or a maisonette, which floor are you on (ground floor, first floor and so on)? .....	

For each bedroom in the property where you live now, please say who has use of the room.

	Names of occupiers
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Bedroom 5	

Facilities in your home. Is the bathroom, toilet, or kitchen shared with anyone other than your household or does your home lack any facilities such as a bathroom, toilet or kitchen?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details of the facility and other household involved. ..... ..... ..... .....
Has a prohibition or emergency prohibition order been served on you home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give details. ..... ..... ..... .....



<p>Are you living in insanitary housing or living in unsatisfactory housing conditions?</p> <p>Who has this been reported to?</p> <p>For example your Landlord or the Council?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If 'Yes', please give details.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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## 9. Health

**Are you (or a member of your household) unable to manage in your current home because of ill health or disability, and do you have a special housing need because of this?**

	You (the applicant)	Joint applicant
<p>If 'Yes', we will write to you for further information.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Do you (or a member of your household) have any involvement with any of the following?**

	You	J/A		You	J/A
Health Worker	<input type="checkbox"/>	<input type="checkbox"/>	Probation Officer	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>
Community mental-health worker	<input type="checkbox"/>	<input type="checkbox"/>			

	You (the applicant)	Joint applicant
<p>If you have ticked one or more of these boxes, please give details. We need the name, address, phone number and email address for each person.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

**Doctors' contact details:**

	You (the applicant)		Joint applicant
Name		Name	
Address	..... ..... ..... Postcode .....	Address	..... ..... ..... Postcode .....
Phone		Phone	
Email		Email	

**10. Economic status and household income**

	You (the applicant)	Joint applicant
Do you receive any disability benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please tick one or more of the boxes below.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please tick one or more of the boxes below.

	You	J/A		You	J/A
Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Personal Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Other: .....	<input type="checkbox"/>	<input type="checkbox"/>

Do you or any other member of your household own, or have ever owned any property or land in this country or abroad?  If so please give details including the date of any sale.	..... ..... ..... ..... .....
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Do you have assets, including savings and property, of more than £16,000?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are a single applicant is your gross income more than £30,000 per year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are joint applicants is your combined gross income more than £50,000 per year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>





### 13. Where would you like to live?

Please tick any areas where you would like to live.

Any area	<input type="checkbox"/>	Kenilworth	<input type="checkbox"/>	Leamington	<input type="checkbox"/>	Warwick	<input type="checkbox"/>	Whitnash	<input type="checkbox"/>
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<b>Rural areas</b>		Burton Green	<input type="checkbox"/>	Honiley	<input type="checkbox"/>	Sherbourne	<input type="checkbox"/>
Ashow	<input type="checkbox"/>	Bushwood	<input type="checkbox"/>	Hunningham	<input type="checkbox"/>	Shrewley	<input type="checkbox"/>
Baddesley Clinton	<input type="checkbox"/>	Cubbington	<input type="checkbox"/>	Lapworth	<input type="checkbox"/>	Stoneleigh	<input type="checkbox"/>
Baginton	<input type="checkbox"/>	Eathorpe	<input type="checkbox"/>	Leek Wootton	<input type="checkbox"/>	Wappenbury	<input type="checkbox"/>
Barford	<input type="checkbox"/>	Guys Cliffe	<input type="checkbox"/>	Little Shrewley	<input type="checkbox"/>	Wasperton	<input type="checkbox"/>
Beausale	<input type="checkbox"/>	Hampton on the Hill	<input type="checkbox"/>	Offchurch	<input type="checkbox"/>	Weston under Wetherley	<input type="checkbox"/>
Bishops Tachbrook	<input type="checkbox"/>	Hampton Magna	<input type="checkbox"/>	Norton Lindsey	<input type="checkbox"/>		
Blackdown	<input type="checkbox"/>	Haseley	<input type="checkbox"/>	Old Milverton	<input type="checkbox"/>	Wroxall	<input type="checkbox"/>
Bubbenhall	<input type="checkbox"/>	Hatton	<input type="checkbox"/>	Radford Semele	<input type="checkbox"/>		<input type="checkbox"/>
Budbrooke	<input type="checkbox"/>	Hockley Heath	<input type="checkbox"/>	Rowington	<input type="checkbox"/>		<input type="checkbox"/>

## 14. Supporting comments or any other information relevant to your application

Please give any other relevant information to support your application which has not already been mentioned. Please tell us here about any pets that will be housed with you.

A large rectangular area with a solid black border, containing numerous horizontal dotted lines for writing.

## Declaration

You and the joint applicant (if there is one) must read and sign this declaration.

I confirm that the details in this form are true. I will tell you about any changes in my circumstances as these may alter the priority of my application.

I understand that any false or misleading statement or withholding any relevant information, now or in the future, may result in my application being cancelled or any tenancy granted to me ending, or may lead to a prosecution for criminal offences.

### Privacy Notice

The personal data that you provide will be used by the Council to assist you in obtaining accommodation by assessing your housing needs and vulnerabilities. The Council has a statutory obligation to process this information under social protection law.

If you do not fully complete this form, including giving your permission for relevant professionals, it could affect the way that your case is assessed along with the length of time for your application to be processed. Only the minimum personal information required will be shared these professionals to enable our enquiries.

Your personal information will be retained for six years after the date of the last contact with you. You have the right to access your personal information and complain if you think your information has been used incorrectly or unfairly; you may also have other rights that apply. For further details on your rights and the contact details for the Data Controller and the Data Protection Officer please see the Council's Privacy Notice which can be found on our website at: - <https://www.warwickdc.gov.uk/privacy>

### Declaration

I/We understand that Warwick District Council has a duty to protect personal information and will process personal data in accordance with the Data Protection Act 1998 as amended by the General Data Protection Regulations 2017 which came into force on the 24th May 2018.

I/We understand that the personal data I/We have provided on this form will only be used by Warwick District Council in accordance with Warwick District Council's Privacy Notice. I/We also confirm that I/We have received details about my rights under the General Data Protection Regulations 2017.

I/We understand that the information contained within this HomeChoice Application Form will be treated as special data and will be used to assess housing needs under the Housing Act 1996 Part 6.

I/We confirm that the information provided in the form is correct and is a true account of my/our circumstances. I/We understand that it is an offence under Section 171 of Part 6 of The Housing Act 1996 to give false statements, withhold information or fail to disclose a change of circumstances in relation to any HomeChoice application processes by Warwick District Council. I/We also understand that this personal data can be lawfully used by Warwick District Council to prevent or detect fraud or crime.

I/We also understand that this personal data in an anonymised format will be used by Warwick District Council as part of statistical returns and research data submitted to the UK Government.

I/We confirm that I/We understand that it is an offence under the Forgery and Counterfeiting Act 1981 to hold or present any false or fraudulent documents for the purpose of obtaining any form of housing from Warwick District.

**I understand that I must disclose if I am an employee of Warwick District Council or have any form of relationship or connection to the council. You must disclose if:**

- **You are an elected member of the council**
- **A council member of staff**
- **A board member of a registered housing provider or**
- **Related to any of the above**

**Consent**

I/We authorise Warwick District Council Housing Options Service to make enquiries regarding my housing issue. I/We understand that I/We must give consent for Warwick District Council to share any information or data relating to this HomeChoice application to those third parties that I have indicated below. The third parties listed below are also authorised to provide information (including sensitive information) to Warwick District Council for the purposes of assisting me with housing.

I/We understand that the following authorisation (consent) must be signed by all relevant members of my household (including those aged 16 years and over).

**Express confirmation of third parties (Please list).**

- 1. Landlords including Housing Associations
- 2. Home Office
- 3. Government Departments and Agencies
- 4. Other Local Authorities
- 5. Preventing Homelessness Improving Lives
- 6. Housing Benefit and Council Tax records
- 7. Police and Probation Services
- 8. Medical Health Professionals including NHS Trusts and GPs
- 9. Assigned case workers including social workers and support workers
- 10. Refuge

Your signature

Your signature (joint applicant)

Date

Date

If this form has been filled in by someone other than the person applying for housing, please tell us why you are filling in this form for the person claiming.

**I declare that, as far as possible, I have confirmed with the person applying that the answers I have written on this form are correct.**

Name of the person who filled in the form

Signature

Relationship to the person applying

Date

Emergency contact details

Relationship to you



## Equal opportunities

We serve a wide-ranging community and are committed to meeting the needs of everyone in providing housing. Together with our partners, we want to make sure that everyone has a fair chance of housing through HomeChoice, no matter what their ethnic origin, sex, age or disability.

To make sure that no person receives less favourable treatment, and for no other reason, please fill in the following information. This information will be strictly confidential.

### What would you consider your ethnic group to be?

(Choose one section from A to F, and tick where appropriate. You can find sections E and F on the back of this form.)

#### You (the applicant)

##### White

**A**

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Gypsy or Traveller
<input type="checkbox"/>	Any other white background, please write in <input type="text"/>

##### Mixed

**B**

<input type="checkbox"/>	White and black Caribbean
<input type="checkbox"/>	White and black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background, please write in <input type="text"/>

##### Asian or Asian British

**C**

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background, please write in <input type="text"/>

##### Black or black British

**D**

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other black background, please write in <input type="text"/>

#### Joint applicant

##### White

**A**

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Gypsy or Traveller
<input type="checkbox"/>	Any other white background, please write in <input type="text"/>

##### Mixed

**B**

<input type="checkbox"/>	White and black Caribbean
<input type="checkbox"/>	White and black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background, please write in <input type="text"/>

##### Asian or Asian British

**C**

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background, please write in <input type="text"/>

##### Black or black British

**D**

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other black background, please write in <input type="text"/>

**Chinese or other ethnic group**

**E**  Chinese  
 Any other ethnic background,  
 please write in

**Other (please give details)**

**F**

**Chinese or other ethnic Group**

**E**  Chinese  
 Any other ethnic background,  
 please write in

**Other (please give details)**

**F**

**Disability**

	<b>You (the applicant)</b>	<b>Joint applicant</b>
Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ticked 'Yes' to the above question, please give more details.	..... ..... ..... ..... .....	..... ..... ..... ..... .....



Where possible, we can provide information in other formats, including in large print, on CD and in other languages.

