

Quirke's Almshouse Charity

Registered Address: c/o Minehead Town Council, 3 Summerland Road, Minehead TA24 5BP
Registered Charity Number: 203647
Telephone: 01643 707213

The Quirke's Almshouse charity provides housing for people in need in accordance with the charity's Governing Document. The charity's entry criteria is as follows – people in need, which usually means on a low income and who are Resident in the charity's geographical area of benefit.

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 Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR). The data we collect has been classified as Sensitive Data under Article 9 of UK 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. **Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

Application Form

Section 1 – About You

Full name..... Mr/Mrs/Miss/Ms.....
Address.....
.....
Post Code..... National Insurance No.....
Telephone No..... Mobile Number.....
Length of time at this address.....Council Tax Band.....
Date of Birth..... Age..... Marital status.....
Email contact.....

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

How did you hear about Quirke's Almshouse Charity?
.....

Section 2 – About your Family – if you are intending to take up residency as a couple, the second resident must complete their own application.

Next of kin.....

Relationship.....

Address.....

.....

.....Post code.....

Telephone NoMobile Number

Email contact

Section 3 – About your present home

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

.....

Do you, or your partner, 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 you, or your partner, have ever owned the property where you currently live, in what circumstances did you cease to be the owner?

.....

.....

If rented, please give name and address of 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

Why do you wish to leave your present accommodation?

.....

.....

.....

.....

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

.....

.....

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.....

.....

.....Post Code

Section 4 – Your Income

To enable the trustees to assess your application, please provide the following information. This should include details of all sources of income and state how frequently you receive them, e.g. weekly, monthly or annually:

	Amount	Frequency
Pensions 1. State retirement pension 2. Pension paid by a past employer. 3. Private pension 4. Widow's or Widower's pension 5. Any other pension		
Social Security Benefit 1. Pension Credit 2. Attendance Allowance 3. Universal Credit 4. Any other benefits		
Employment or self-employment Please explain type of employment and hours of work. You will be required to bring evidence of earnings such as payslips or proof of earnings (if self-employed) to interview.		
Other Income 1. Annuities 2. Bank Deposit Account 3. Building Society Account 4. Investment 5. Renting property or land that you own 6. Grants from a charity 7. Financial assistance from a relative/friend 8. From a trust fund 9. Any other income – please give details.		

Section 5 – Your Capital

1. Bank accounts: Current Balance

.....

2. Building Society accounts: Current Balance

.....

3. Shares: Current Value

.....

4. National Savings (e.g. National Savings Certificates): Value

.....

5. Unit Trusts: Current Value

.....

6. Premium Bonds: Amount held

.....

Section 6 – Borrowing

Do you have any loans or other debts outstanding? If so, please provide details.

.....

.....

.....

Section 7 – About your Health and Social Factors

Are you able and willing to live independently and look after yourself and your accommodation? YES/NO

Please give details of any significant illnesses, injuries or operations during the last five years

.....

.....

Are you currently receiving treatment for any illness? YES/NO

If Yes, Please give details below:

.....

.....

Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application? YES/NO

If Yes, please give details below:

.....

.....

Name and address of your GP.....

.....Post Code.....

The charity may wish to write to your GP asking him/her to complete a medical certificate to enable your application to be considered further. 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. Please sign and return the enclosed form in which you consent to the charity contacting your GP to authorise them to provide us with medical information about you either now or in the future.

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:

.....

.....

.....

Section 8 – References

Please give the names and addresses of two responsible people (not relatives) who know you well and who you have known for at least five years, whom the charity may approach for a reference. If you are currently renting accommodation, one of the referees should be your current landlord. 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.

1..... 2.....

.....

.....

Post Code.....

Email contact:

Section 9 – Additional information

Applicants should be aware that almshouses are intended to be a community where residents can live safely together. If you wish to make any other statements in support of your application and suitability for almshouse accommodation please use the space below.

Section 10 – Declaration

I have read the charity's Conditions of Entry and believe that I meet the beneficiary criteria to live in one of the charity's almshouses.

I declare that the information given in this application is correct and complete to the best of my knowledge and belief. **I understand that if any information that I give in this application form, which is untrue or misleading in any respect (for example, due to omitting or misstating relevant facts), the Trustees would be entitled to terminate my appointment to an almshouse dwelling.**

I have read and completed this application form thoroughly and agree to abide by Quirke's almshouse regulations and guidance, should I be appointed to an almshouse. (these are available in advance on request.)

I accept that if I am appointed as a resident, I shall be a beneficiary of the charity and not a tenant. Any weekly 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 my GP or other medical attendant providing the charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.

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 understand that I have the right to decline to provide information requested within this form.

The charity is obliged to check the immigration status of prospective residents and will need to see proof of identity such as passport or driving licence.

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 Quirke's Almshouse Charity Trustees, c/o Minehead Town Council office, 3 Summerland Road, Minehead, TA24 5BP.

Resident's GP Authorisation form

(To be completed by the resident)

I [full name in capitals]

whose date of birth is

of address:

.....

Authorise my GP for the time being to provide:

(1) relevant information about my current health and ability in connection with any application I make to become a resident of almshouses provided by the charity and

(2) advice to the charity (Registered Charity No 203647) ("the Charity") about my health needs should this be necessary at any future time unless and until I have ceased to live in the property provided by the Charity.

Signed by applicant:

Date of signature:

Appendix A Privacy Notice

Quirk's Almshouse Charity Privacy Notice

- 1) The Quirk's Almshouse Charity may collect and process the following information in relation to your GP authorisation Form:
 - Personal identifiers, contacts, and characteristics (for example, name and contact details).
 - Medical Information
 - An opinion regarding your ability to live independently.
- 2) The personal information processed is provided to us directly by the applicant in order for Quirk's Almshouse Charity to be able to offer appropriate accommodation, protect the health and wellbeing of the resident and meet the objects of the charity.
- 3) The lawful basis that we rely on for processing this information is that the Quirk's Almshouse Charity has consent.
- 4) Your information is securely stored at the charity's registered address.
- 5) We keep information for the duration of your Residency with the charity. We will dispose of your information five years after you cease to be a Resident of the charity.

Please contact us at telephone 01643 707213, if you require further information.