



RACING HOMES

Homes for racing's people in need

HOUSING APPLICATION FORM YOUNG PERSON ENTERING THE RACING INDUSTRY

All sections to be completed in black ink

Your Details

	Applicant
Surname:	
First Names:	
Also Known As:	
Title: (Mr, Mrs, Miss, Other)	
Address:	
Telephone Number:	
Mobile Number:	
Email Address:	
Date of Birth:	
National Insurance Number:	

Office Use Only	BRS Enquiry Date:	Supporter ID No:
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Your Next of Kin

Name:	
Address:	
Contact telephone number: <i>(we will contact your next of kin to discuss your application)</i>	

Are you expecting a baby? YES NO If so, when is it due?
(If YES, please supply confirmation)

Where You Live Now

Details of your present accommodation:
Please tick the one which best describes your situation:

With Parents	<input type="checkbox"/>	With Relatives (not parents)	<input type="checkbox"/>
Hostel Resident	<input type="checkbox"/>	In Local Authority Care	<input type="checkbox"/>
Sleeping Rough	<input type="checkbox"/>	Received Notice To Quit	<input type="checkbox"/>
With Friends	<input type="checkbox"/>	Supported Accommodation	<input type="checkbox"/>
Private Landlord	<input type="checkbox"/>	Bed and Breakfast	<input type="checkbox"/>
Housing Association	<input type="checkbox"/>	Local Authority Accommodation	<input type="checkbox"/>

Other (please specify)

How long have you been at your current address? Years Months
(Prior to your course at The British Racing School)

About Your Education and Employment

Please tell us about any employment you have had, courses you have attended, or qualifications you have obtained in the past. This should also include details of schools/ colleges attended.

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Employer Details

Have you secured employment with a Newmarket trainer? Yes No

If YES, what is your weekly take home pay? £.....

Employer Details:

Name:

Address:

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Telephone Number:

Note: We will contact your employer prior to any offer of accommodation

Racing Homes has a 6 bedroom hostel in Newmarket and a 4 bedroom hostel in Lambourn for young people leaving the British Racing School or the Northern Racing College. It is designed to provide affordable accommodation linked to training and development opportunities and each resident is required to accept an individual support plan.

Life Skills

Please tick any areas where you would like additional information/support :

DIY	<input type="checkbox"/>	Budgeting	<input type="checkbox"/>
Housework/Cleaning	<input type="checkbox"/>	Opening a bank account	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Credit Cards	<input type="checkbox"/>
Reporting Faults	<input type="checkbox"/>	Cashing Cheques	<input type="checkbox"/>
How to apply for a passport	<input type="checkbox"/>	Paying your Rent	<input type="checkbox"/>
Understanding Gas/Electricity	<input type="checkbox"/>	Saving Money	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
Remembering Appointments	<input type="checkbox"/>	Decorating	<input type="checkbox"/>
Applying for a driving licence	<input type="checkbox"/>	Confidence	<input type="checkbox"/>
Waking up in the morning	<input type="checkbox"/>	Making Decisions	<input type="checkbox"/>
Timekeeping	<input type="checkbox"/>	Being Understood	<input type="checkbox"/>
Health & Safety at Work	<input type="checkbox"/>		

Please use this space to highlight any other issues or concerns that you have regarding your employment in the thoroughbred horseracing industry:

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Personal Development

Please tick any areas where you would like additional information/support:

Writing Skills	<input type="checkbox"/>	Reading	<input type="checkbox"/>
Maths Skills	<input type="checkbox"/>	Applying for Grants	<input type="checkbox"/>
Getting a New Job	<input type="checkbox"/>	Completing an NVQ	<input type="checkbox"/>
Problems at Work	<input type="checkbox"/>	Transport Difficulties	<input type="checkbox"/>
Getting Work Clothes	<input type="checkbox"/>	Using the Telephone	<input type="checkbox"/>
Problems with Course Work	<input type="checkbox"/>	Attending Meetings	<input type="checkbox"/>
Using the Internet	<input type="checkbox"/>	Using Computers	<input type="checkbox"/>

Health and Wellbeing

Please tick any areas where you would like additional information/support:

Registering with a Doctor	<input type="checkbox"/>	Emotional Abuse	<input type="checkbox"/>
Registering with a Dentist	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>
Standing up for yourself	<input type="checkbox"/>	Eye Checks	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	Anxiety & Stress	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Sexual Health	<input type="checkbox"/>
Contraception	<input type="checkbox"/>	Bullying	<input type="checkbox"/>
Balanced Diets	<input type="checkbox"/>	Personal Hygiene	<input type="checkbox"/>
Keeping Fit	<input type="checkbox"/>	Weight Control	<input type="checkbox"/>
Addiction	<input type="checkbox"/>	Self Harm	<input type="checkbox"/>
Controlling Aggression	<input type="checkbox"/>	Gambling	<input type="checkbox"/>
Feeling Lonely	<input type="checkbox"/>	Relationships	<input type="checkbox"/>
Your Sexuality	<input type="checkbox"/>	Saying No	<input type="checkbox"/>

To be signed by all applicants

Declaration:

I authorise Racing Homes to make any enquiries necessary to check the information I have given on this form. I will inform Racing Homes in writing of any change in circumstances. I understand that if an offer of accommodation is made based on a false or misleading statement, Racing Homes may withdraw the offer and take steps to end any tenancy that I have already signed for.

I/we understand that information given will be held on Racing Homes' computerised database and will only be used to prioritise my/our need for a home or gathering data to measure housing need within the racing community.

Signed (Applicant) Date

Please confirm how you heard about Racing Homes

I have had previous contact with Racing Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Word of Mouth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the Frame Newsletter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
British Racing School	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Newspaper Article	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please explain)		
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