

## Promoting Sustainable and Supportive Community in and around West Moors and East Dorset

Sturts Farm, Three Cross Road, West Moors, Dorset office@sturtsfarm.com 01202 854762

## **Camphill Co-Housing Application Form**

## **PRIVATE & CONFIDENTIAL**

Sturts Farm Community welcomes applications from all sectors of the community irrespective of age, race, sex or disability.

Please complete the form carefully, as the information which you give will be used to select applicants to be short listed.

| PERSONAL DETAILS  |   |
|---|---|
| Surname:  | Preferred title: Mr / Mrs / Miss / Ms / other |
| First name (s):   |   |
| Address:  |   |
|   | Post code:                                    |
| Telephone no:   | Mobile:                                       |
| Work:   | May we contact you at work? YES / NO          |
| E-mail address:   |   |
| Next-of-kin (name, contact details, relationship to applicant): |   |
|   |   |
|   |   |
|   |   |
|   |   |
| OPTIONAL INFORMATION  |   |
| Date of birth:  | Marital status:                               |
|   |   |

| Nationality:   |   | Ethnicity:  |   |
|--|---|---|---|
|  |   |   |   |
| HOUSING REQUIREMENT Please list all those wishing to require.    | be considered fo                          | r housing and the numbe                                       | r of bedrooms you   |
| Name   | Age                                       | Relationship  | Own bedroom/<br>share bedroom?  |
|  |   |   |   |
|  |   |   |   |
|  | То  | otal bedrooms required  |   |
| PETS Please give details of a                                    | ny pets.                                  |   |   |
|  |   |   |   |
| OTHER INFORMATION  |   |   |   |
| Are you related to any council me<br>If YES please give details: |   |   |   |
| Order 1988 require the disclosur                                 | e of criminal offence with vulnerable peo | es which, in other circumstar<br>ple. The existence of a crim | e ROA (Exceptions Amendment)<br>nces, could be considered "spent'<br>ninal record will not automatically<br>nation can lead to dismissal. |
| Do you have any criminal convic                                  | tions, either spent o                     | r unspent? YES / NO   |   |
| If YES please give details:                                      |   |   |   |
|  |   |   |   |

**DISABILITIES** Please give brief details of any long-term illnesses or disabilities.

| MOBILIT             | Y Please give details of any mobility requirements in respect to housing.  |
|---------------------|--|
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
|                     |  |
| MY RELAT            | TIONSHIP TO CO-HOUSING   |
| Briefly desconders. | cribe your commitment to Co-housing and why you want to live together with |
|                     |  |

| Briefly describe the benefits you can see from living next door to vulnerable adults, and what you think being a 'good neighbour' involves   |
|--|
| you think being a 'good neighbour' involves.   |
|  |
| Describe your own connection to the spiritual values of the Co-housing Neighbourhood and how this contributes to a healthy social life. Describe how you will contribute to an active cultural life. |

| Describe your connection to Sturts Farm.                                       |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| What personal qualities and practical abilities would you bring to Co-housing? |  |

| CHARACTER REFERENCE |                                      |
|---------------------|--------------------------------------|
| Name                |                                      |
|                     | Title: Mr / Mrs / Miss / Ms / other: |
| Address:            |                                      |
|                     | Post code:                           |
|                     |                                      |
| Telephone No(s):    |                                      |
| E-                  |                                      |

Length of time that they have know you .....

## DECLARATION

Capacity in which known:

May we contact them prior to interview: YES / NO

| I declare that all the information on th   | is application form and any other documents relating to this |  |  |
|--|--|--|--|
| application is, to the best of my knowledge, true and correct. I understand that any false statement may |  |  |  |
| give cause for my tenancy to be terminated. I understand that any offer is subject to the selection      |  |  |  |
| procedure detailed in document 'Resident Identification, Selection and Non-compliance Policy' and a      |  |  |  |
| satisfactory Criminal Records Bureau report.   |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signed:  | Date:  |  |  |
| Please return the completed application pack to:   |  |  |  |
|  | Sturts Farm Community  |  |  |
|  | West Moors   |  |  |
|  | Ferndown   |  |  |
|  | Dorset   |  |  |
|  | BH22 0NF   |  |  |
|  |  |  |  |
|  |  |  |  |