

App no:.....

CONFIDENTIAL

GYPSY & TRAVELLER SITE: PITCH APPLICATION FORM

Please fill in this form and provide the documents we ask for so that we can add your name to our waiting list. If you need help with the form or would like us to copy important documents, please ask. We can also provide the form in alternative formats if you want. Our staff will be pleased to help.

SECTION 1 - Personal Details

Your Details

Name:

National Insurance Number:

Date of birth:

Correspondence Address:

Contact Telephone Number:

Partner's Details

Name:

National Insurance Number:

Date of birth:

Partners will be given a joint licence.

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Section 2 - People moving with you

Please give details below of anyone moving with you:

Name	Sex	Date of birth	Relationship to you

Section 3 – Medical Circumstances

Do you (or a member of your household) have a medical problem made worse by your current living circumstances?

Yes	No
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Name of person and details of illness

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How is this medical problem made worse by your current accommodation?

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How would having a pitch improve the situation?

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If you have answered these questions, please complete and sign the medical authorisation at the back of this form.

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Current Circumstances

How do you describe yourself? Please tick.

Traditional Gypsy	<input type="checkbox"/>	Roma	<input type="checkbox"/>	Traveller	<input type="checkbox"/>	Other	<input type="checkbox"/>
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If you ticked **other**, please give us some more details.

Do you or anyone on the application form have any other difficulty, which makes your need for a pitch greater?

Yes	No
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Details

Have you had a previous Council tenancy/pitch licence?

Yes	No
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If YES, what was the address?

Do you currently rent/own a pitch/property/land?

Yes	No
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Rent	Own
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Pitch	Property	Land
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If yes, please give the address

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Yes	No
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If not, please give the landlord details.

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If you have a pitch or house please tell us why you why you need a pitch.

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Are you stopping at a roadside stopping place?

Yes	No

Or with friends/relatives

Yes	No

What is the address of where you are staying at the moment?

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Can you stay indefinitely?

Yes	No

If not, when are you required to leave?

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Please send a copy of legal papers or any written evidence that will confirm this.

DECLARATION OF TRUTH: Please note that the Council will only process signed forms.

I/we believe that the information given on this form is true and accurate.

I/we understand that any false information given may result in the loss of my/our place in the Council's waiting list for a pitch.

Before signing this form, think about the consequences of making a false declaration. By signing you agree that:

1. You are responsible for telling the Council immediately of any changes in the information given on this form.
2. The information you give will be checked and verified.
3. If you knowingly sign a false declaration or knowingly withhold information the Council may take legal action against you and you could lose your pitch.
4. I/we give permission for you to contact individuals or agencies referred to on this form for more information.
5. I/we hereby authorise any council or Registered Social Landlord to disclose all or any of my/our personal details, whether held on computer under the requirements of the Data Protection Act 1988 or contained in manual records, to relevant organisations for processing my application. I am aware that this will involve the disclosure of personal confidential information, which is held on computer and in manual files.
6. I/we hereby authorise the disclosure of all or any of my personal details, whether held on computer or contained in manual records, to relevant individuals/organisations in connection with my application.
7. The Council may use the information you give us on this form for the prevention and detection of fraud. Information may be given to other organisations in line with the Data Protection Act.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it, you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

Your signature..... Date

Partner's signature..... Date

Housing Solutions, Civic Offices, Holton Road, Barry CF63 4RU

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Medical Authorisation Form

If you have completed the medical question in the previous section, we may need to get details from your doctors.

You do not need to contact the GP directly, just sign this form and we will do it for you.

Please give the individual's name and GP details below:

Name of person with medical problem:

Medication taken:

GP / Consultant's name and address:

I authorise the Council to obtain information regarding my medical history from my G.P., doctor or consultant:

Patient's
signature

Dated

Housing Solutions, Civic Offices, Holton Road, Barry CF63 4RU