



# Application for housing

This form is for registering your housing needs, if you are eligible or qualify. Registration does not guarantee that an offer of accommodation will be made.

Please write clearly and complete the form in full. If you need extra space to answer any of the questions, please attach extra sheets. Please include all supporting evidence.

South Kesteven District Council has a duty to protect the use of public funds. The information you provide for your application may be used for the prevention and detection of fraud. The information may also be shared with other public bodies responsible for public funds for the same reason. Your information will be processed in accordance with the Data Protection Act 1998

When completed please return this form to the FREEPOST address below:

RTKL-EGAS-BAZX  
Housing Strategy & Needs  
South Kesteven District Council  
Council Offices  
St Peters Hill  
Grantham  
NG31 6PZ

Email: [housingregister@southkesteven.gov.uk](mailto:housingregister@southkesteven.gov.uk)

Alternatively you can bring the form into one of our other offices.

**Grantham**  
St Peters Hill  
Grantham  
Lincolnshire  
NG31 6PZ

**Bourne**  
3 Abbey Road  
Bourne  
Lincolnshire  
PE10 9EF

**Stamford**  
1 Maiden Lane  
Stamford  
Lincolnshire  
PE9 2AZ

**Market Deeping**  
Deepings Community Centre  
Douglas Road  
Market Deeping  
Peterborough  
PE6 8PA

About you, your joint applicant and your household

	Main Applicant	Joint Applicant
Title		
First Name		
Surname		
Date of Birth		
Sex		
National Insurance Number		
Previous Names		
If pregnant your due date		
Contact Number / Work		
Contact Number / Home		
Contact Number / Mobile		
Email address		
Nationality		
How would you prefer us to contact you? e.g. letter, telephone, email		
Preferred Language		
Immigration status (if applicable)		
Worker status e.g. employed, self employed, jobseeker		
Are you currently living with the main applicant		
What is your relationship to the main applicant		

<b>Household members who are living with you and will be moving with you</b>						
Surname	First Name (s)	Relationship to you	Date of Birth	National Insurance Number	Age	Their address (if different)

Please list anyone in your household who is aged 16 or over who is in fulltime education

If someone in your household lives at a different address, either full-time or part-time, why is this? (E.g. children you have access to and stay over).

**Pregnancy**

Are you or anyone who will live with you pregnant?

Yes  No

Name:

Date Baby is Due:

MATB1 Cert Yes  No

Name:

Date Baby is Due:

MATB1 Cert Yes  No

**Other People You Live With Now (To help us assess whether you are overcrowded in your accommodation please list everyone you live with at present but will not move with you if you are rehoused).**

Surname	First Name (s)	Relationship to you	Date of Birth	Sex

Have you, or anyone who wants to be rehoused with you, ever been convicted of an UNSPENT criminal offence?  
If you are uncertain of whether your conviction is spent or unspent please contact the Housing Register Team

Yes  No

Nature and Details of Offence(s)	Date of Conviction:
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Have you, or anyone who wants to be rehoused with you, ever been served with an Anti-Social Behaviour Order, Injunction Order or cautioned e.g. for harassment, domestic violence, racial abuse or other hate crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please give details:

Your current home	Main Applicant	Joint Applicant
Full Address and postcode (if you do not have an address to register from, please provide a postal address)		
Is this a postal address	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date you moved in (DD/MM/YYYY)		

Property Type (Please tick)	House		House	
	Bungalow		Bungalow	
	Ground floor flat		Ground floor flat	
	First Floor Flat or Higher		First Floor Flat or Higher	
	Room in a shared house		Room in a shared house	
	Mobile Home/Caravan		Mobile Home/Caravan	
	Residential Care		Residential Care	
	Other (provide details)		Other (provide details)	

Number of bedrooms		
Separate Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rent (per calendar month)	£	£

	Main Applicant	Joint Applicant
<b>Which of these are you?</b> (Please tick)	Council Tenant	Council Tenant
	Housing Association Tenant	Housing Association Tenant
	Private Tenant	Private Tenant
	Owner Occupier	Owner Occupier
	Lodger	Lodger
	Tied Accommodation	Tied Accommodation
	Prison	Prison
	Shared Ownership	Shared Ownership
	Armed Forces accommodation	Armed Forces accommodation
	Staying/lodging with family or friends	Staying/lodging with family or friends
	House/flat share	House/flat share
	Hospital or nursing home	Hospital or nursing home
	Hostel, refuge or B&B	Hostel, refuge or B&B
	Roofless	Roofless
	Other (please give details)	Other (please give details)
<b>Adaptations you currently have in your home</b> (Please tick)	Ramp/grab rails	Ramp/grab rails
	Track/hoist	Track/hoist
	Level access shower/adapted bathroom	Level access shower/adapted bathroom
	Lift	Lift
	Low level kitchen	Low level kitchen
	Low level switches/raised sockets	Low level switches/raised sockets
	Wider doors and frames	Wider doors and frames
Has your landlord asked you to leave?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes when does this notice end? (please provide a copy)		
Your reason for leaving?		
If you are a tenant/lodger:		
Name of landlord or agent		
Address of Landlord or agent		
Landlords Telephone		

Are you or your joint applicant in rent or mortgage arrears at your current address? If yes, please give details:

Amount outstanding	£	£
How did this debt arise?		
Have you made an agreement with the landlord or mortgage lenders to repay this debt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long has this arrangement been in place?		
How much is this repayment plan per week?		
Are you keeping to this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### PREVIOUS ADDRESSES

List all of the addresses YOU have lived at in the past 5 years

Full address including postcode	
Tenure (e.g. Rented, owner, living with family)	
Were you the tenant/joint tenant or owner/joint owner	
Property type	
Number of Bedrooms	
Separate Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landlord/agents name and address	
Date moved in DD/MM/YYYY	
Date moved out DD/MM/YYYY	
Reason for leaving	
Rent/mortgage arrears	£

Full address including postcode	
Tenure (e.g. Rented, owner, living with family)	
Were you the tenant/joint tenant or owner/joint owner	
Property type	
Number of Bedrooms	
Separate Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landlord/agents name and address	
Date moved in DD/MM/YYYY	
Date moved out DD/MM/YYYY	
Reason for leaving	
Rent/mortgage arrears	£

Full address including postcode	
Tenure (e.g. Rented, owner, living with family)	
Were you the tenant/joint tenant or owner/joint owner	
Property type	
Number of Bedrooms	
Separate Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landlord/agents name and address	
Date moved in DD/MM/YYYY	
Date moved out DD/MM/YYYY	
Reason for leaving	
Rent/mortgage arrears	£

**PREVIOUS ADDRESSES**

List all of the addresses YOUR JOINT APPLICANT has lived at in the past 5 years, if different to main applicants previous addresses.

Full address including postcode	
Tenure (e.g. Rented, owner, living with family)	
Were you the tenant/joint tenant or owner/joint owner	
Property type	
Number of Bedrooms	
Separate Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landlord/agents name and address	
Date moved in DD/MM/YYYY	
Date moved out DD/MM/YYYY	
Reason for leaving	
Rent/mortgage arrears	£

Full address including postcode	
Tenure (e.g. Rented, owner, living with family)	
Were you the tenant/joint tenant or owner/joint owner	
Property type	
Number of Bedrooms	
Separate Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landlord/agents name and address	
Date moved in DD/MM/YYYY	
Date moved out DD/MM/YYYY	
Reason for leaving	
Rent/mortgage arrears	£

Full address including postcode	
Tenure (e.g. Rented, owner, living with family)	
Were you the tenant/joint tenant or owner/joint owner	



Property type	
Number of Bedrooms	
Separate Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>
Landlord/agents name and address	
Date moved in DD/MM/YYYY	
Date moved out DD/MM/YYYY	
Reason for leaving	
Rent/mortgage arrears	£

### CURRENT ACCOMMODATION

	Main Applicant	Joint Applicant
If you are in a private rented property, have environmental health visited you in the last 6 months? If yes please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel that your property is not suitable for your needs? Please tell us why you think it is not suitable.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel that your property is overcrowded? If yes please complete the "Do you think you are overcrowded?" form in addition to your housing application	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### PERSONAL CIRCUMSTANCES

Are there any pets in your household?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so what are they and how many do you have (please note that some tenancy agreements exclude some animals and can also restrict the number of animals you can have in the property)	
Does your household have to live apart? If yes, please state the reason	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the main/joint applicant have a local connection to South Kesteven	Yes <input type="checkbox"/> No <input type="checkbox"/>

## LOCAL CONNECTION

Applicant(s) will be assessed as having a local connection to the District of South Kesteven through:

- Residence – He/she has been normally resident in the district for a minimum of two years preceding the application or has been resident for three out of the preceding five years
- Employment – He/she has been in paid employment in the district for the preceding 12 months, for at least 17 hours per week on average
- Family – He/she has a close family member who has normally resided in the district for the preceding five years. Family connection will normally mean that the applicant has a parent, adult child, brother or sister residing in the district.

Please see the full allocations policy (pp8-9) on our website for a complete definition of local connection and exemptions.

Work Connection	
Employer Name	
Employers Address	
Contract Start Date	
Job Title	

Family Connection (direct family member who was lived in the area for 5+ years)		
Name		
Address		
Relationship		
Date they moved into this address		

Does your household have their own transport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever served in HM forces (Reserve, Fulltime etc) Please note which force	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the main/joint applicant a current member of HM Forces or have served in the last 5 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes to the previous question have you/they suffered injury attributable to active service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a spouse/ex-spouse/civil partner of a member of HM Forces and having to leave your service accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the main/joint applicant a local authority care leaver? Please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an approved Foster Carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or the joint applicant working/an apprentice for more than 17 hours a week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Do you/joint applicant have any Savings/Assets/Resources/Property (UK & Abroad) worth over £16,000? If yes please provide details address(es) including any outstanding secured loans/mortgages.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your household suffering from financial hardship related to your current property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to be referred to Citizens Advice South Lincolnshire for financial assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the main/joint applicant have any housing related debt i.e. rent arrears/rent in advance loan/rent deposit repayment? If yes, how much is owing, please provide details of your repayment plan.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you, or any member of your household a councillor or employee of the council or a board member or employee of any housing association with properties in the South Kesteven District? If yes, please confirm their name, position and employer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you, or any member of your household, related to any councillor or employee of the council or to any board member or employee of any housing association with properties in the South Kesteven District? If yes please provide their name, position, employer and nature of relationship)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your current property having a negative impact on any members of the household's health and wellbeing? If yes, please complete a separate medical self assessment form for each affected household member to enable us to determine what priority your application should receive.	Yes <input type="checkbox"/> No <input type="checkbox"/>

## SOCIAL HOUSING TENANTS ONLY

Are you wanting to downsize?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes, how many spare bedrooms do you have?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in an adapted property and no longer need the adaptations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you applying to relocate to SKDC under Right to move?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been offered a fixed term/permanent contract of employment in SKDC? Please provide a copy of the job offer	Yes <input type="checkbox"/> No <input type="checkbox"/>

## INSECURE ACCOMMODATION AND HOMELESSNESS

Do you currently have a homelessness application with another local authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently in temporary housing arranged by South Kesteven District Council?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently waiting for a decision on a homelessness application you have made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are in temporary accommodation arranged by another council and/or have made a homeless application there, please provide details below:	
Name of local authority	
Name of officer dealing with your case	
Contact telephone number	

## LOCAL LETTINGS POLICIES AND SECTION 106 AGREEMENTS

Local Lettings Policies are usually introduced to meet a particular local need and have an overall positive effect on estates. There are a number of Local Lettings Policies throughout the area. To be considered for a property within one of these schemes, the applicant needs to meet criteria detailed within that specific Local Lettings Policy.

New developments can be subject to restrictions that are set out within the legal agreements between the Local Authority and the developers that are linked to planning permission. These agreements can set restrictions on the age of applicants e.g. over 60's accommodation or connection to that particular area/village.

This is why we ask you to tell us if you have a Neighbourhood Connection when you are selecting the areas in which you would like to live. You will be considered to have a Neighbourhood Connection if:

- You have lived in that area or village for at least 12 months prior to your application or have lived in that area or village for at least five years out of the previous ten years.
- You have strong connections with the area or village by employment.
- You have strong connections through direct family association (mother, father, sister, adult children living in that area or village)

Please tick the column 'wants area' for the areas or villages you would like to live in.

<b>Area of Choice</b>	<b>Wants Area</b>	<b>Neighbourhood Connection</b>	<b>Area of Choice</b>	<b>Wants Area</b>	<b>Neighbourhood Connection</b>
Bourne – North East			Harrowby Lane – South		
Bourne – North West			Gonerby Hill Foot – Orchard Close		
Bourne – South East			Old Earlesfield		
Aslackby			Barrowby Edge Estate (Poplar Farm)		
Billingborough			Earlesfield – Shaw Road		
Creeton			Grantham Town Centre		
Dowsby			Aisby		
Dunsby			Allington		
Dyke			Ancaster		
Edenham			Barrowby		
Folkingham			Burton Coggles		
Haconby			Bitchfield		
Horbling			Barkston		
Kirkby Underwood			Boothby Pagnall		
Langtoft			Brandon		
Lound			Caythorpe		
Morton			Corby Glen		
Pickworth			Claypole		
Pointon			Colsterworth		
Rippingale			Carlton Scroop		
Swinstead			Dry Doddington		
Thurlby			Denton		
Twenty			Foston		
Bridge End Road/ Walton Gardens			Fulbeck		
Earlesfield – Beeden Park			Gelston		
Earlesfield – Goodliffe Road			Great Gonerby		
Earlesfield – Hornsby Road			Great Ponton		
Harrowby Lane North			Gunby		

Area of Choice	Wants Area	Neighbourhood Connection	Area of Choice	Wants Area	Neighbourhood Connection
Harlaxton			Westborough		
Hough-on-the-hill			Welby		
Honington			Woolsthorpe-by-Belvoir		
Hougham			Market Deeping		
Ingoldsby			Deeping St James		
Little Bytham			Frognall		
Lenton			West Deeping		
Long Bennington			Stamford – North		
Marston			Stamford – South		
Normanton			Stamford – West		
North Witham			Barholm		
Old Somerby			Braceborough		
Ropsley			Baston		
Sudbrook			Carlby		
Sedgebrook			Castle Bytham		
Swayfield			Greatford		
Skillington			Tallington		
Stainby			Uffington		
Stubton			Witham-on-the-Hill		
South Witham					

Are there any streets within the areas you have chosen that you do NOT or can NOT live in?

Please give your reasons:

What type of housing would you prefer? Please tick all the types of housing you would consider (please note that you might not be entitled to all housing types)

House		Ground Floor Flat	
First Floor Flat or Higher		Bungalow	
Bedsit			

Would you consider housing for people aged 60 years or over? (support is no longer provided by SKDC)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider housing for vulnerable people aged under 60 years? (support is no longer provided by SKDC)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you interested in Shared Ownership? (this is where you purchase a share of the property and pay rent of the remaining share)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you interested in receiving information on Help to Buy Schemes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you consider renting in the private sector? (we sometimes have landlords approach us directly for tenants)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, you may need a guarantor. Do you have someone that would be willing to act as a guarantor for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If there is any other information that you would like us to take into account when assessing your application, please tell us here.

**If you would like someone else to deal with your application on your behalf eg family member or friend, please provide details below.**

Name: Address:	Name: Address:
Telephone Number: Relationship to you:	Telephone Number: Relationship to you:

If you are receiving any support from another agency please provide details below (e.g. Social Worker, Probation Officer, Citizens Advice South Lincolnshire)



## IDENTITY AND ELIGIBILITY CHECKLIST

For each adult being re-housed through this application

<b>You must provide all of the following:</b>	✓
One form of photo ID, such as a passport or driving licence	
One document with your name and address on it such as a utility bill	
Proof of your income/employment, such as last three months wage slips/benefit award notice/bank statements	
Proof of your local connection to South Kesteven (2+ years as a resident, 1+ years working or direct family connection of 5+ years)	
<b>If you are not a UK or EU citizen you must also provide the following:</b>	
Residency Permit or evidence of your immigration status	

If the form of ID that you have provided for each applicant does not contain a photo of them, Please attach a passport-sized photo below and provide their full birth certificate and Change Name Deed if applicable.

<b>You must provide all of the following:</b>	✓
Full birth certificate for each child in the household	
Proof of the benefits you are in receipt of for the child/children, Child Benefit/DLA etc	

We will only accept documents in a foreign language (i.e. Birth Certificate/Marriage Certificate/Doctors Letters) if accompanied by a UK translation which should be certified by a Notary Public.

If you are not able to provide any original proof of identity please contact Housing Strategy & Needs for advice.

**Housing Strategy & Needs may request additional proof of identity/proof of residence information in support of the application from any applicant.**

**Your application will not be fully assessed until sufficient ID is provided.**

## DECLARATION

I/We understand that it is an offence under the Forgery and Counterfeiting Act 1981 to present false documents including e.g.: ID, Passports and bank statements with a view to accessing public funds in the form of Social Housing
I/We understand that South Kesteven District Council is under a duty to protect the public funds it administers and to prevent or detect fraud. Where necessary SKDC may share information collected for re-housing purposes with other internal departments such as Council Tax and third parties including other councils, government agencies and with other bodies responsible for auditing or administering public funds.
I/we declare that the information I/we have given is correct. I/we understand that it is an offence to give false information or withhold information requested with the intention of receiving social housing. False information will result in cancellation of your application or if you have already been offered a tenancy, action will be taken to recover possession of the property. The maximum fine for such an offence is £5,000.
I/we agree that it is my/our responsibility to notify the council of any change of circumstances or change of address. Failure to do so may result in the application being removed from the housing register.
I/we authorise South Kesteven District Council to confirm residency and carry out checks with a credit referencing agency, if applicable.
I/we authorise the council to make any necessary enquiries and disclose all necessary information to any of the agencies/services listed below as part of my request for housing. Those agencies/services listed below also have my full permission to disclose information requested by the Council that is required for the purpose of processing my/our housing application and determining whether I/we would benefit from additional housing advice.

List of agencies/services which have my full permission to disclose all necessary information where applicable to my/our application. If you object to any of the agencies/services being contacted please let us know.

- Health professionals, for example doctors, nurses and consultants
- Mental health professionals, for example support workers and consultants
- Police
- Probation
- Any service within any local authority, which includes housing benefit and council tax
- Education authorities or schools
- Landlord or Mortgage Company
- Employer
- Anyone acting on my behalf such as a Solicitor/Advice Service/Parent/Guardian.

Signature	Main Applicant:	Date:	
Signature	Joint Applicant:	Date:	

**Please note:** If you are successful in receiving an offer of social housing this application will be cancelled

# Housing Strategy and Needs

## Equality and Diversity Monitoring Form

South Kesteven District Council strives to ensure that all our customers are treated fairly and not unlawfully discriminated against for example due to their racial origin or disability. We ask all customers to fill in a diversity monitoring form so that we can: (a) Monitor the services provided to our customers and identify any inequalities (b) use Diversity monitoring information to help us to plan our future services (PLEASE TICK)

Age:	16-24		25-34		35-44		45-54		55-64		65+	
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Gender:	Male		Female		Prefer not to say	
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Gender Identity (if appropriate)	<p>If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with?</p> <p>Transsexual <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/></p>
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Ethnic origin: Please tick against one of the following:			
Asian or Asian British		Mixed	
Bangladeshi		Black and White Caribbean	
Indian		Black and White African	
Pakistani		Asian and White	
Any other Asian background Please specify below if you wish		Any other mixed background Please specify below if you wish	

Black or Black British		White	
African		British	
Caribbean		English	
Any other Black background Please specify below if you wish		Irish	
		Scottish	
		Welsh	
		Any other White background Please specify below if you wish	

Chinese or Other ethnic group			
Chinese		Prefer not to say	
Any other Please specify below if you wish		What is your first language?	

Are you a Refugee	Yes		No	
Prefer not to say				

Disability: Please tick against one of the following:

Do you consider yourself to have a disability under the Equality Act 2010?

In the Act, a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

Yes	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
No	<input type="checkbox"/>		

Heart problems	<input type="checkbox"/>	Registered Blind	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>
Frail/Poor mobility	<input type="checkbox"/>	Cancer	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>
Difficulties with reading /writing	<input type="checkbox"/>	Myalgic Encephalomyelitis	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Drug/Alcohol Problem	<input type="checkbox"/>
Mental Health Disability	<input type="checkbox"/>	Other	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>		

No religion	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Baha'i	<input type="checkbox"/>	Other	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Please specify below if you wish	<input type="checkbox"/>
Christian	<input type="checkbox"/>		
Hindu	<input type="checkbox"/>		
Jain	<input type="checkbox"/>		
Jewish	<input type="checkbox"/>		
Muslim	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Bisexual	<input type="checkbox"/>	Have you served in the UK Armed Forces	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gay Woman/Lesbian	<input type="checkbox"/>	If yes, have you left within the last five years	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Have you been seriously injured or ill as a direct result of your service.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gay man/Homosexual	<input type="checkbox"/>					
Heterosexual/straight	<input type="checkbox"/>	Prefer not to say	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

02229RT\_6.17

**Thank you for completing this form**