

### APPLICATION FORM

This form is to be completed with the young person.

Date: \_\_\_\_\_

#### Questions? About the Young Person

Young person's given name(s): \_\_\_\_\_

Young person's Last or Family Name: \_\_\_\_\_

Alias (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Does the young person identify as (can tick more than one):

Aboriginal

Torres strait islander

Neither

Does the young person identify as culturally and linguistically diverse? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide details: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Contact details: \_\_\_\_\_

#### Details of other household members (i.e. partner, dependents) Complete for each person

(1) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Housing History

T-Number (if applicable): \_\_\_\_\_

Young person's current address: \_\_\_\_\_

Type of Accommodation:

Refuge   Private Rental   Transitional Accommodation   Couch Surfing

Other: \_\_\_\_\_

How long has the young person lived there: \_\_\_\_\_

Please list previous Accommodation for the past 12 months, type and reason for leaving:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Has the young person ever been evicted or asked to leave accommodation?   Yes   No

Please explain:

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### Education/Training/Employment

CRN (if applicable): \_\_\_\_\_

What activity is the young person engaged in (i.e. school, TAFE, apprenticeship, traineeship)? \_\_\_\_\_

What is the course? \_\_\_\_\_

Name and Location of Institution? \_\_\_\_\_

How long has the young person been engaged with this? \_\_\_\_\_

How long will the young person be engaged with this? \_\_\_\_\_

How many hours is the young person engaged with the activity? \_\_\_\_\_

What mode? (on-campus, off-campus) \_\_\_\_\_

Is the young person engaged in a form of employment:      Yes      No

Name of the business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Tick one:      Part-time      Casual      Volunteer/Non-paid

Is this a component of study:      Yes      No

### Support Services

Please describe your involvement with the young person:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you been working with the young person? \_\_\_\_\_

How many hours a week do you support the young person? \_\_\_\_\_

What type of support services do you provide to the young person?

|             |               |                      |                   |
|-------------|---------------|----------------------|-------------------|
| Counselling | Accommodation | Mental Health        | Drug and Alcohol  |
| Disability  | Health        | Probation and Parole | Domestic Violence |
| Budgeting   | Parenting     | Juvenile Justice     |                   |

Please expand about your support in an attached support letter.

What other support services are linked with the young person or household members?

| Agency Name | Contact Person & Details | Type of Support Provided |
|-------------|--------------------------|--------------------------|
|             |                          |                          |
|             |                          |                          |
|             |                          |                          |

Please attach additional information on an additional page

### Independent Living

Please discuss the young person's ability to live independently (i.e. community-style accommodation, budgeting, household care, etc).

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Are there any safety concerns (i.e. AVOs, etc)

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Is there anything that we have not asked about, or that you/client would like us to know?

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### Support Agreement

#### Young Person (young person to complete)

I \_\_\_\_\_ (Full Name)

have read and understand the information in the Samaritans Student Accommodation Handbook.

I \_\_\_\_\_ (Full Name)

fully understand and will comply with the expectations of participating and residing in the Samaritans Student Accommodation Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Support Provider (support provider to complete)

I \_\_\_\_\_ (Caseworker)

of \_\_\_\_\_ (Full-Service Name)

agree to provide ongoing casework support for the duration of the tenancy to ensure the client \_\_\_\_\_ (Name) is engaged in study and that any other additional support needs are met in accordance to our service provision. I agree to liaise with relevant education providers to ensure continuing attendance and ongoing study requirements are being met. I also agree to report this back to the Samaritans Student Accommodation as required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Submitting the Application

Please include with your application form:

- Agency Support Letter
- Confirmation of Education/Training (i.e. enrolment form, letter from institution)
- Evidence of income (i.e. Centrelink, Pay slips)

Please return via email: [ssa\\_wickham@samaritans.org.au](mailto:ssa_wickham@samaritans.org.au)