

Application Number



Keys to Learn – Application Form

Keys to Learn is a 12 week course for people affected by homelessness who are interested in getting into learning.

The programme of learning will include:

- Surfing the net & getting the most out of computers
- Digital Photography
- Healthy living and eating
- Using or improving your reading and writing skills
- Team and Confidence building
- A personal project (subject of your choice)

Please fill out this application with as much information as possible. **If you would like any help filling in the form please call Johanna or Pauline on 0141 276 4825 who will be happy to help.** We will let you know as soon as possible if you have a place on the course.

On the first day of the course you will need to bring proof of any benefits you are receiving.

If you do not get a place on the course, we can help you find other learning or training that is right for you. Please tick here if you would like us to help you find other training or learning if you don't get a place on the course.

SECTION 1 : Personal Information	
Name: <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address: <input type="text"/>	
Telephone Number: <input type="text"/>	
E-Mail: Address: <input type="text"/>	
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age on Joining Course: <input type="text"/>
Nationality: <input type="text"/>	N.I. Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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SECTION 2: About You

How did you find out about this course?

Housing Association Regeneration Agency Leaflet/Poster in Local Area

Word of Mouth Support Worker from which organisation? _____

Other (please specify) _____

Do you live in the North of Glasgow

Yes No

If you have a Housing Association flat, please tell us what housing association your housing is with:

Have you ever been affected by homelessness?

Yes No

Please tell us what accommodation type you live in:

Own Property - Please specify: Housing Association Owner Rent Deposit Private

Temporary Furnished Flat Emergency Accommodation Bed & Breakfast Hostel

Supported Accommodation Rehabilitation Resettlement Accommodation

Living with Friend/Partner Living with Parents/Family

Please give details of any learning experience you have:

Do you get any support from organisations? Yes No

Please tell us the name of the organisation and your support worker's name.

Is it okay for us to contact them? Yes No

If you said yes please tell us the phone number or email address of your worker.

Do you feel you would benefit from support from any services that you are not currently in contact with? Yes No

What help would you like?

Do you have any issues that may affect your learning? Please tick.

Mental Health		Addiction Issues	
Physical Health		Child care or other caring responsibilities	
Reading and Writing Skills		Asylum seeker or refugee status issues	
English as a 2nd or other Language		Other issue, please tell us what:	

This section will not affect your application; it is only to help us give any additional support you may need.

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For funding reasons we need to ask what benefit you are on and how long you've been unemployed. We will not pass any of this information on to other people without your permission.

Benefit

How long have you been unemployed?

If you get a place on the course, would you require any help with childcare?

Yes No

Children's names and ages:

I agree that all information given is correct, and can be used to consider my application for the Keys to Learn course.

Name:

Signature:

Date:

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**KEYS TO LEARN
DATA PROTECTION CONSENT FORM**

The Data Protection Act 1998 tells us that we must have your permission before we can store personal information about you, and gives you the right to refuse to give your consent. If you agree to information about you being held on this system, the Data Protection Act gives you the right to

- ask to see the information held about you on the computer system
- ask for a printed copy of the information held about you
- choose to have some or all of your information removed or corrected

It is important for you to know that in certain situations your information may be passed to third parties without your consent, for example to protect child safety or if a Court Order is issued for information. This is set out in law and must be followed by service providers.

I give my consent to information about me, including sensitive personal information such as health and support needs, being stored on a secure website and being accessed by staff from GLASGOW HOMELESSNESS NETWORK.

Print Name _____

Signature _____

Date _____

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Glasgow Homelessness Network Peer Mentoring Programme

Mentoring is a one-to-one non-judgemental relationship in which a person voluntarily gives time to support and encourage another.

A peer is someone of similar background or has had similar experiences to you.

Starting something new like a learning course can feel like a really big step. You may feel that you would benefit from speaking to one of Glasgow Homelessness Networks Peer Mentors for advice, support or simply a chat. Each participant on the course will be offered the support of a peer mentor who will chat to you about your learning goals.

Please tell us if you would prefer a male or female mentor.

Male

Female

The Mentors

- Glasgow Homelessness Network has recruited mentors - people who have been affected by homelessness and who may have experienced circumstances similar to you.
- The mentors are working towards an SQA accredited customised award in peer mentoring support.
- Through this training they will gain experience in how to support another person through and out of their homelessness.
- They will be able to signpost you onto other agencies and services which will allow you to achieve YOUR personal goals.
- They will support you through the decisions you make and ensure that you are receiving the best possible advice.

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The information that you give below will not be used when deciding if you have a place on the course. It will only be used for monitoring purposes.

Please tick this box if we can use these details for monitoring purposes:

Section 3: Equal Opportunities	
Ethnic Origin	
Unknown <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Scottish <input type="checkbox"/>	Any Other Asian Background <input type="checkbox"/>
White Irish <input type="checkbox"/>	Caribbean <input type="checkbox"/>
White Other British <input type="checkbox"/>	African <input type="checkbox"/>
Any Other White Background <input type="checkbox"/>	Any Other Black Background <input type="checkbox"/>
Indian <input type="checkbox"/>	Any Other Mixed Background <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Any Other Ethnic Group <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Refuse to Disclose <input type="checkbox"/>
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth __ / __ / ____
Are you a lone parent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any formal qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been affected by homelessness? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please return to Johanna Speirs, Glasgow Homelessness Network, 1st Floor, Granite House, 31 Stockwell Street, Glasgow, G1 4RZ.

Thank you for taking the time to fill this application in.