

## THOMAS PARSONS CHARITY ALMSHOUSE APPLICATION FORM

Charity Commission Number: 202634

Thomas Parsons Charity provides housing for people in need over 60 years of age, not in paid employment and resident in Ely (including the former Urban district of the City of Ely, which includes the two city parishes and the hamlets of Stuntney, Chettisham, Prickwillow and Queen Adelaide). The information contained in this application form will be provided to the Charity in confidence and will not be disclosed to anyone other than the Superintendent, the Clerk and Governors.

Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to appointment being set aside at some time in the future and having to leave the almshouse.

### **Applicant(s) Details:**

|  |                   |                                  |  |
|--|-------------------|----------------------------------|--|
| Title  |                   | Name in Full of all Applicant(s) |  |
| Address  |                   |                                  |  |
| <i>How long have you lived at this address?</i>                                    |                   |                                  |  |
| Any previous addresses   |                   |                                  |  |
| <i>How long have you lived at each address?</i>                                    |                   |                                  |  |
| Telephone  |                   | Email                            |  |
| Mobile   |                   | DOB                              |  |
| Place of Birth   |                   |                                  |  |
| Occupation   | (Past or present) |                                  |  |
| Married, Single or Widow/er  |                   |                                  |  |
| Names & addresses of children or other close relatives                             |                   |                                  |  |
| Do you suffer from any illness or disability?<br><i>If so, please give details</i> |                   |                                  |  |
| Are you receiving any form of medical care or treatment from your GP or hospital?  |                   |                                  |  |
| Do you smoke?  |                   |                                  |  |
| Do you give permission for your GP to be approached for any necessary information? |                   |                                  |  |
| Are you able to care for your personal and household                               |                   |                                  |  |

|  |  |
|--|--|
| needs without assistance from others?  |  |
| What is your present housing position? <i>If you own the property you live in, please say so</i> |  |
| Are you on the local Council's housing list?   |  |
| Have you previously applied to the Charity?  |  |

**Please list names and addresses of two character references (non family member):**

|           |  |              |  |
|-----------|--|--------------|--|
| Title     |  | Name in Full |  |
| Address   |  |              |  |
| Post Code |  | Telephone    |  |
| Email     |  | Mobile       |  |

|           |  |              |  |
|-----------|--|--------------|--|
| Title     |  | Name in Full |  |
| Address   |  |              |  |
| Post Code |  | Telephone    |  |
| Email     |  | Mobile       |  |

**Next of Kin/ Power of Attorney:**

|   |  |              |  |
|---|--|--------------|--|
| Title   |  | Name in Full |  |
| Address   |  |              |  |
| Post Code   |  | Telephone    |  |
| Email   |  | Mobile       |  |
| Relationship  |  |              |  |
| <p>Are they aware that they will be contacted and required to assist in cases of illness or emergency yes / no<br/><i>(please delete)</i></p> |  |              |  |

**Doctor:**

|               |  |              |  |
|---------------|--|--------------|--|
| Title         |  | Name in Full |  |
| Practice Name |  |              |  |
| Address       |  |              |  |
| Post Code     |  | Telephone    |  |
| Email         |  | Mobile       |  |

**Solicitor:**

|               |  |              |  |
|---------------|--|--------------|--|
| Title         |  | Name in Full |  |
| Practice Name |  |              |  |
| Address       |  |              |  |
| Post Code     |  | Telephone    |  |
| Email         |  | Mobile       |  |

**Thomas Parsons Charity Almshouses:**

Are you willing to consider all of the properties listed below (please delete as appropriate)?

- a) Chorister Court, Deacons Lane, Ely. Yes/no

*A square of 9 adjoining one and two bedroom bungalows. Available from October 2021.*

- b) Bamford House, Deacons Lane, Ely. Yes/no

*A complex of 10 one-bedroom flats and 2 two bedroom flats on three floors with stair and lift facilities.*

- c) Deacons Lane Bungalows – Deacons Lane, Ely Yes / no

*Deacons Lane Bungalows is a complex of four adjoining two bedroom ground floor bungalows.*

## **Financial Information**

To enable the Governors to assess your application, please provide the following information:

### **Savings and Capital**

|                                      | Yourself (£) | Partner (£) |
|--------------------------------------|--------------|-------------|
| Bank Accounts                        |              |             |
| Post Office Accounts                 |              |             |
| Building Society Accounts            |              |             |
| National Savings Certificates        |              |             |
| Premium Bonds                        |              |             |
| Redundancy Payment                   |              |             |
| Cash (including monies kept at home) |              |             |
| Stocks / shares / trust              |              |             |

Any other capital (please give details):

|           |   | INCOME   |         |
|-----------|---|----------|---------|
|           |   | Yourself | Partner |
| Pensions  | State Retirement Pension                  |          |         |
|           | Widow's Pension / Allowance               |          |         |
|           | Industrial Injuries Disablement Benefit   |          |         |
|           | War Disablement Pension                   |          |         |
|           | War Widow's Pension                       |          |         |
|           | Superannuation                            |          |         |
|           | Pension from previous employer            |          |         |
|           | Widow's pension from Late Husband (s);    |          |         |
|           | Employment                                |          |         |
|           | Pension Credit                            |          |         |
| Allowance | Attendance Allowance                      |          |         |
|           | Mobility Allowance                        |          |         |
|           | Invalid Care Allowance                    |          |         |
|           | Severe Disablement Allowance              |          |         |
|           | Disability Living Allowance               |          |         |
|           | Local Housing Allowance                   |          |         |
|           | Personal Independence Allowance           |          |         |
|           | Employment and Support Allowance          |          |         |
|           | Job Seekers Allowance                     |          |         |
|           | Universal Credit                          |          |         |
| Benefits  | Incapacity Benefit                        |          |         |
|           | Income Support                            |          |         |
|           | Housing Benefit                           |          |         |
|           | Council Tax Benefit                       |          |         |
|           | Bereavement Benefit                       |          |         |
| Other     | Maintenance Received by Yourself          |          |         |
|           | Voluntary or Charitable payments received |          |         |
|           | Rental Income from another property       |          |         |
|           | Income from Trusts or Shares              |          |         |

Any other income (please give details):

Has your income significantly changed in the last 12 months:

Do you have any debts and/or loans:

**Present Accommodation**

|  |     |    |
|--|-----|----|
| Do you or your partner own, or share own the property in which you reside?   | Yes | No |
| If yes, what is the estimated value of the property  | £   |    |
| Do you or your partner have a mortgage on this property?   | Yes | No |
| If yes, how much   | £   |    |
| What are the intentions regarding this property if offered an Almshouse?   |     |    |
| If you or your partner does not own this property, who does and is this person related to either of you?   |     |    |
| Do you or your partner own any other properties not currently occupied by either of you? If yes, please provide estimated value or income of property? | Yes | No |

**Health and Social Factors**

Are there any mental or physical health or social factors the Governors should take into consideration when assessing the application? Please state if there are specific medical reasons to be considered. Please confirm (below) that the Governors may consult your or your partners GP (in confidence) in connection with this application.

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.....  
.....

Our governing instrument states that residents should be of good character and so we need to ask of any criminal convictions. A conviction will not automatically exclude anyone from being considered but Governors need to be fully aware of all circumstances. Do you or your partner have any criminal convictions?

.....  
.....

In order to help the Governors, make a decision please outline the reasons for applying for an Almshouse:

.....  
.....

If your reasons for applying to the Charity are financial, have you sought financial advice from an FCA approved adviser (e.g. Money Advisor, Citizens Advice etc.)

.....  
.....

The information requested below will be used by the Superintendent in assessing your needs and suitability for accommodation by Thomas Parsons Charity. Information disclosed will remain confidential to the Superintendent and the Thomas Parsons Charity Governors

To help us in our assessment of your needs, please answer the following questions:

Present Accommodation

|          |                          |            |                          |                |                          |       |                          |
|----------|--------------------------|------------|--------------------------|----------------|--------------------------|-------|--------------------------|
| House    | <input type="checkbox"/> | Bungalow   | <input type="checkbox"/> | Flat           | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Bathroom | <input type="checkbox"/> | Accessible | <input type="checkbox"/> | Not accessible | <input type="checkbox"/> |       |                          |
| W.C      | <input type="checkbox"/> | Accessible | <input type="checkbox"/> | Not accessible | <input type="checkbox"/> |       |                          |

Stairs

|  |  |                          |                          |
|--|--|--------------------------|--------------------------|
|  |  | Self                     | Spouse                   |
| a) I can manage stairs easily              |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I can manage stairs but with difficulty |  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I cannot manage stairs                  |  | <input type="checkbox"/> | <input type="checkbox"/> |

Mobility

|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
|   |  | Self                     | Spouse                   |
| a) I can manage to move around my home unaided                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I can manage to move around my home and the local area unaided |  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I can only move around using sticks, frame or wheelchair       |  | <input type="checkbox"/> | <input type="checkbox"/> |

Dressing

|  |  |                          |                          |
|--|--|--------------------------|--------------------------|
|  |  | Self                     | Spouse                   |
| a) I can dress and undress without assistance        |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I need minor assistance with dressing. undressing |  | <input type="checkbox"/> | <input type="checkbox"/> |

Home Management

|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
|   |  | Self                     | Spouse                   |
| a) I can perform all household duties unaided                 |  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I have support with cleaning/ laundry/ shopping/ self care |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Please delete categories which do not apply to you</i>     |  |                          |                          |
| c) Who provides this help?                                    |  |                          |                          |

Financial

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a) I manage household budget and pay bills                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I have support with household budgeting and paying bills | <input type="checkbox"/> | <input type="checkbox"/> |

**Certification**

**I/we certify that the details above are correct to the best of my/our knowledge and believe and that this application is submitted in good faith. I/we confirm that I/we are able to look after myself/ourselves and live independently. I/we give permission for our GP to be consulted as outlined above. I/ we give permission for my/our appointed next of kin to be consulted now and during my/our time in Thomas Parsons almshouse. I/we accept that if I/we are appointed as a beneficiary I/we shall not be tenants. Any weekly sum I/we pay will be a maintenance contribution and not a rent.**

Signed Applicant(s) Date  
.....

Signed Next of Kin Date  
.....

This completed form is to be forwarded to the Superintendent:

**Mr. John Moore. 7 Fleet Close, Littleport, Ely, Cambridgeshire, CB6 1PG Telephone number: 07943688004**

## PRIVACY STATEMENT

This Privacy Statement outlines the way in which we use and disclose personal data that is provided to us. We collect information about individuals who may benefit from our financial support, our Residents, our supporters, our volunteers, our staff and Governors.

The Thomas Parsons Charity, (Charity Registered Number 202634) ('The Charity') recognises that an individual's privacy is very important, so it is equally as important to us. The Charity strives to comply with Data Protection legislation including the Data Protection Act 1998 and the General Data Protection Regulations.

### Personal Data

Personal data includes any data that relates to a living individual who can be identified from that data. This may include an individual's name, address, telephone numbers and/or email address, bank details, other financial, health and background information.

This may come from potential or actual beneficiaries, employees, Residents, supporters, volunteers, Governors, or other third parties.

### How we collect personal data

The Charity receives and stores personal information supplied to us in writing, via email, via the telephone, in person or online when applying, enquiring, or registering for help, employment, Governorship or volunteering opportunities or when attending events or donating money to the Charity.

We may also receive personal information from third parties, for example, a welfare officer, charity, agency or organisation who refers you to our service.

### Purpose of using personal data

The Charity principally collects personal information to provide you with the services, or information you have requested. Some examples can be found below:

- You have given your consent to use the information for a specified purpose (including administrating and application for a grant or accommodation in an Almshouse);
- For internal administration, analyses, impact measurement and service reviews;
- We have a legal obligation to use your information, for example to claim Gift Aid or accounting to government and regulatory authorities;
- We are using your information in pursuit of a legitimate interest, for example:
  - o To collect money that is owed to us;
  - o To properly administer and run the Charity in order for it to make grants and offer assistance.
  - o To protect and maintain Charity property and assets;

### Disclosure of Information

Your data is treated as strictly confidential and is only disclosed to parties who have a need to access it, to fulfil the charity's objectives.

The Charity may disclose personal data to other employees including the Charity Governors. We do not permit these parties to use such information for any other purposes than to perform the service instructed by us.

We may also share personal data with suppliers, known as 'data processors', to process data on our behalf, for example to deliver goods or services to grant recipients. These suppliers could include (but are not limited to) the Charity's clerk, it's property managers and/or tradesmen and contractors whose services it may employ from time to time.

We may also need to disclose your information if required to do so by law. For example, if we are legally required to provide your data to HMRC.

### Consent

By providing us with your personal data you consent to the collection and use of any information you provide in accordance with the above purposes. Where we offer you services either directly or through a third-party supplier, we will ask you for permission to use and/or share your information before we proceed.



You can withdraw your consent at any time. Please contact us if you want to do so.

### How long we keep your personal information

When the personal data is no longer needed it will be destroyed or permanently rendered anonymous. Examples might be that application process has been completed, volunteering, employment or trusteeship terminates. As a rule, we will hold your information for a period of up to 7 years from the end of your relationship with the Charity.

### Storage and security of personal data

To prevent unauthorised access, maintain data accuracy, and ensure the correct use of information, we have put in place appropriate physical, electronic, and managerial procedures to safeguard and secure the information we collect.

Individuals have the right to request access to and rectification or deletion of their personal data or restrict processing at any point from when personal data is provided to us.

The Charity will comply with all legal obligations including GDPR when we hold your data. If you have any reason why we should amend, delete or restrict use of your data, please contact us to discuss your concern.

### Contact us

- If you have any questions or comments about our privacy practices or this Privacy Statement
- If you want to make use of any of the above rights, or other rights that you may have in relation to your personal data
- If you have other questions or requests

Please contact the Charity's Clerk, Rosie Hughes at [r.hughes@thomasparsonscharity.org.uk](mailto:r.hughes@thomasparsonscharity.org.uk) or alternatively you can also write to us at the following address: Thomas Parsons Charity, 34 Ward Way, Witchford, Ely, Cambs. CB6 2JR.

I have read and understood this privacy statement **and** I consent to The Charity collecting and using my data for the purposes described.

Your signature: \_\_\_\_\_

Your name (block capitals): \_\_\_\_\_

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