



Plot Application Form

Please fill out all of the questions with as much detail as possible. If you find this form difficult to complete we are happy to help you or if you prefer, you can ask a friend or someone else.

Central Bedfordshire Council is against any form of unfair discrimination and have a legal duty to treat people who use our services fairly and to ensure we do not discriminate on grounds of race, gender or disability. However, it is not enough to say that we do not unfairly discriminate. We must be able to demonstrate fairness by taking active steps to collect information about employees and people who use our service.

1. About you

Mr [] Mrs [] Miss [] Ms []

First name: [] Last name: []

Previous or other names: []

D.O.B: [] Telephone: [] N.I number: []

Single [] Married [] Divorced [] Separated [] Widowed [] Living together []

Name of spouse: []

Is this a joint application? [Y] [N] Name of joint applicant: []

Joint applicants D.O.B: []

Do you consider yourself to be:

English Gypsy [Y] [N] Scottish Gypsy [Y] [N] Welsh Gypsy [Y] [N] Roma Gypsy [Y] [N]

Irish Traveller [Y] [N] Scottish Traveller [Y] [N] New Age Traveller [Y] [N]

Other (please specify): []

Do you now live:

Private Site [Y] [N] Council Site [Y] [N] Family Site [Y] [N] Transit Site [Y] [N]

House [Y] [N] Share a plot [Y] [N] Roadside [Y] [N] Other (please state) []

[]

Address: []

How long have you lived at the above address? []

Where have you lived for the last five years (please include dates and full address), and why you left:

[]
[]
[]
[]

Have you applied to any other Council for a plot and if so, please state which ones or if not, why not?

Where is your preferred site within Central Bedfordshire Council?

Chiltern View, Eaton Bray

Y	N
Y	N

 Common Road, Potton

Y	N
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 Timberlands, Slip End

Y	N
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 Woodlands, Biggleswade

Y	N
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Have you lived on this site before, if so please give the date:

Do you have close family on the site you have chosen, for instance Mum, Dad, Sister or Brother?

Y	N
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Please give their name(s), address and relation to you:

Name:	Relationship to you:	Address:

What is the reason you want to be near your relative?

How many caravans do you have? Do you have a mobile home?

Y	N
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If so, what is the size of your mobile home? How many vehicles do you have?

Are you, or anyone included in this application in full or part time employment?

Y	N
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If yes, please give details:

Name of working person:	Where works:	Starting date:

Which (if any) benefits do you claim at the moment?

Benefit received:	Amount:	How often?

Please give details of any pets that you have:

(Please note that applicants will only be able to keep an animal on site when given written permission from Central Bedfordshire Council).

2. People included in your application

Please supply information of everyone who will be moving with you:

First name:	Last name:	Sex:	Date of birth:	Relationship to you:	N.I number:

Are you, or anyone included in your application pregnant? Y N

If yes, please give the name of the person pregnant:

When the baby is due:

Have you, or anyone included in this application had legal action taken against you for anti-social behaviour over the past five years? Y / N

If yes, please give details:

For CBC office use only:	N/A	Low	Y/N	Medium	Y/N	High	Y/N
Please give reason for decision:							

Have you, or anyone included in this application ever been convicted of a criminal offence? Y N

If yes, please give details:

For CBC office use only:	N/A	Low	Y/N	Medium	Y/N	High	Y/N
Please give reason for decision:							

Have you, or any member of your household, have a legal or financial interest in any rented or owned property or land in this country or abroad? Y N

If yes, please give details:

For CBC office use only:	N/A	Low	Y/N	Medium	Y/N	High	Y/N
Please give reason for decision:							

Have you, or anyone included in this application ever been evicted, had a property repossessed or sold a property? Y / N

If yes, please give details:

For CBC office use only:	N/A	Low	Y/N	Medium	Y/N	High	Y/N
Please give reason for decision:							

3. Health, disability and other special circumstances

For any health and/or disability we will need verification from a GP or a Consultant. Further details about this are at the end of this application form.

Do you, or anyone included in this application have a disability and/or health problem? Y N

If yes, please give details below:

Name of person:	Health problem:

Is medication taken? Y N If yes, please answer the following:

Name of medication:	Dose:	How often taken:	Prescribing GP:

Does the person(s) receive any other treatment? Y N If yes, please answer the following:

Type of treatment:	How often:	Where:

Do you, or anyone included in this application receive Disability Living Allowance (DLA)? Y N

Do you, or anyone included in this application receive Personal Independence Payment (PIP)? Y N

If yes, please give the name of this person:

Please give details whether this is for: Mobility Y N or Daily Living Y N

Which rate is this paid at? Standard Y N or Enhanced Y N

Do you, or anyone included in this application receive Attendance Allowance (AA)? Y N

Which rate is this paid at? Lower Y N or Higher Y N

We may need to contact your Doctor or other professionals for further information or confirmation, and so please supply the following details

	Name:	Contact details/address:	How often you see this person:
Doctor			
Consultant			
Social Worker			
Occupational Therapist			
CPN			
Health Visitor/ District Nurse			
Midwife			
Care Agencies			
Friends/Family			
Other			

Do you receive support from family on the site you have chosen to apply for?

Y	N
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Please give their name and address:

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Is it essential that only this person provide the support you need?

Y	N
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If this support is essential, please provide details of why, and how they help:

For CBC office use only:	N/A	Low	Y/N	Medium	Y/N	High	Y/N
Please give reason for decision:							

Do you provide support for a family member on the site you have chosen to apply for? Y N

Please give their name and address:

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Please provide the name of the person and details of why it is important for you to provide this support:

For CBC office use only:	N/A	Low	Y/N	Medium	Y/N	High	Y/N
Please give reason for decision:							

Are you suffering from any form of harassment or violence where you are currently living? Y N

For CBC office use only:	N/A	Low	Y/N	Medium	Y/N	High	Y/N
Please give reason for decision:							

4. Other Information

You will be required to sign a pitch agreement if allocated a plot with Central Bedfordshire Council, are you willing to do this? Y N

Are there any welfare issues you would like us to take into account? Y N

If yes, please give details:

For Office use only:	Low	Y/N	Medium	Y/N	High	Y/N
Please give reason for decision:						

Is there anything more you would like to include in your application? Y N

If yes, please give details:

Declaration (please answer these statements), if you choose to answer 'NO' your application cannot be processed. If you do not answer the statements your application cannot be processed.

I declare that the information I have given is correct and complete

Y	N
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I undertake to inform Central Bedfordshire Council of any changes in my circumstances as soon as they take place

Y	N
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I understand that if I give any information that is false or incomplete, I am committing an offence and that legal action may be taken to bring my tenancy to an end resulting in my eviction

Y	N
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I give permission for information to be disclosed to other parts of the Council and other organisations, including the police and probation authorities for verification, assessment and nomination purposes

Y	N
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I give permission for the Council to contact any social worker, probation officer, community psychiatric nurse or other similar worker to discuss my application in order to assess my housing need

Y	N
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I give permission for the Council to make any enquiries necessary to verify and/or assess my housing application

Y	N
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Print name:

Date:

Signature:

If this is a joint application, both applicants must sign

Print name of joint applicant:

Signature of joint applicant:

Information Required:

Please note that your application cannot be processed unless you provide the following documentary evidence. (Copies of the original documents are acceptable). Letters must not be older than three months.

If this is a joint application, details for both applications need to be supplied.

Please tick to confirm that you include it	
Applicant	Joint Applicant

These documents MUST be provided with this application:

Proof of national insurance number (such as a benefits letter, P45/60 or N.I card)		
Copies of all birth certificates		
A passport size photo		

These documents MUST be provided with this application if they apply to you:

If you have children , a Child Benefit notification letter		
If you are on benefits , proof of all state benefits received, including Tax Credits		
If you are of ill health , proof of Disability Living Allowance if you receive it		
If you are of ill health , proof of Personal Independence Payment if you receive it		
If you are of ill health , proof of Attendance Allowance if you receive it		
If you are of ill health , proof of illness/disability from GP and/or Hospital		
If you are working , proof of earnings such as your last two wage slips		
If you are pregnant , a MAT B1 Form		

These documents MUST be provided with this application if you have them:

Driving Licence		
Passport		
Bank/Building Society or Post Office account statement for the last two months		

If you cannot supply the above, or have not included it in this application, please state why:

Please return this form to: Gypsy and Traveller Team, Housing Services, Central Bedfordshire Council, High Street North, Dunstable, Bedfordshire, LU3 1LF