

**South Team**  
Watling House  
High Street North  
Dunstable  
Bedfordshire  
LU6 1LF

**Private Sector Housing**

**North Team**  
Priory House  
Monks Walk  
Chicksands  
Shefford Beds  
SG17 5TQ

**Prevention Assistance Application Form**

Please complete this form in BLOCK CAPITALS and return to the relevant address above

**Section A – Applicant Details** (To be completed by the Applicant)

Title: \*Mr / Mrs / Ms / Other \*Delete as appropriate

Name:

Home Address:

Telephone Number:

Email:

Date of Birth:

National Insurance No.

NHS Number (If known)

The required works are for a: (Tick relevant box)

Owner/Occupier

☐

Private Tenant

☐

Council Tenant

☐

Housing Association  
Tenant

☐

Are you applying on behalf of someone else?  
If the answer is "Yes" then please provide their details below.

\*Yes/No

Name:

Address:

Their relationship to you:

**DECLARATION (to be completed in respect of all applications)**

I wish to apply for Prevention Assistance to fund the works set out below. I declare that I am the applicant and that to the best of my knowledge, information and belief, the information provided in my application is correct.

Signed:

Date:

*You may have heard about the General Data Protection Regulations (GDPR) which replaced the old Data Protection regulations on 25 May 2018. These regulations are very much focussed on protecting you and how your data is handled, and here at Central Bedfordshire Council we want to keep you in the picture as to how we do that.*

*The details relating to your case and information you supply us with either directly or via other professionals is used in the following ways:*

- *to determine whether your application is valid and can be approved*
- *provided to contractors so that they may provide quotations, carry out works in such a way as to minimise negative impacts on health and well-being, and invoice appropriately.*
- *provided to our Planning and Building Control Departments to the extent that is required for any associated application to these teams to be processed appropriately*

- shared with Social Care, Health, and Housing professionals, for the purpose of delivering appropriate services
- for the prevention, detection and enforcement of fraudulent acts this information may be shared with other relevant teams within the Council, and other bodies administering public funds or involved in the prevention, detection, and enforcement of criminal acts.

Your information will be stored securely whilst in our possession and is only accessible by those working within the service providing the assistance, and those mentioned above.

Your data will only be held for as long as is necessary or as governed by other statutory regulations and will be disposed of securely.

If you have any questions or wish to find out more about how data is managed at Central Bedfordshire Council then please either contact our Information Governance Team on 0300 300 4968 or at [information.governance@centralbedfordshire.gov.uk](mailto:information.governance@centralbedfordshire.gov.uk) or visit <http://www.centralbedfordshire.gov.uk/contact-us/website/data-protection.aspx>

## Section B – Details of Referrer (To be completed by the referring health or social care professional)

Title: \*Mr / Mrs / Ms / Dr / Other \*Delete as appropriate

Name: Position:

Team:

Organisation:

Address for Correspondence:

Telephone Number:

Mobile Number:

Email:

Is the applicant eligible under the Care Act as determined by The Care and Support (Eligibility Criteria) Regulations 2014, that is to say: The adult's need arise from or are related to a physical or mental impairment or illness **and** as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified below **and** as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

\*Yes/No

Please tick as many of the following that apply (at least two)

managing and maintaining nutrition	<input type="checkbox"/>	managing toilet needs	<input type="checkbox"/>
maintaining personal hygiene	<input type="checkbox"/>	being appropriately clothed	<input type="checkbox"/>
being able to make use of the adult's home safely	<input type="checkbox"/>	maintaining a habitable home environment	<input type="checkbox"/>
developing and maintaining family or other personal relationships	<input type="checkbox"/>	accessing and engaging in work, training, education or volunteering	<input type="checkbox"/>
making use of necessary facilities or services in the local community including public transport, and recreational facilities or services	<input type="checkbox"/>	carrying out any caring responsibilities the adult has for a child	<input type="checkbox"/>

Please describe the works to which the Prevention Assistance Application relates:

Please describe the measures in place to prevent the situation recurring (this is particularly relevant for declutter/deep clean works):			
This application relates to *Prevention/Discharge appropriate		*Delete as	
If this relates to Prevention then please skip to Section D otherwise continue			
<b>Section C – Enabling Discharge</b>			
What type of establishment will these works facilitate discharge from?			
Hospital	<input type="checkbox"/>	Care Home	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	Other:	
What date will the applicant be ready for discharge by?			
Is there anything other than the works covered by this application that are required in order for the applicant to be discharged to their home?			*Yes/No
If so, please provide details including when these will be remedied by:			
What is the daily cost that would be incurred should discharge be delayed past this point?			
Please skip to Section E			
<b>Section D – Preventing Admission</b>			
What type of establishment will these works prevent admission to?			
Hospital	<input type="checkbox"/>	Care Home	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	Other:	
Prevention Assistance is <b>only</b> available to prevent admissions where there is an imminent risk of admission that <b>cannot</b> be reduced to a satisfactory level by alternative means e.g. creating a micro environment downstairs whilst awaiting Disabled Facilities Grant-funded works.			
Is there Imminent risk of admission?			*Yes/No
Please describe this risk			
Can this be resolved by alternative means such as described above?			*Yes/No

Please describe how:	
What would be the approximate cost of the alternative to the required works?	£
<b>Section E – Referrer Declaration</b>	
<b><u>DECLARATION (to be completed in respect of all applications)</u></b>	
<b><u>WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT YOU MAY BE LIABLE FOR PROSECUTION</u></b>	
<p>I declare that to the best of my knowledge, information and belief, the information that I have provided in support of the application is correct and that no other form of funding is possible or appropriate.</p> <p>I consent to my information being shared in accordance with the GDPR statement below</p>	
Signed:	Date:
<p>You may have heard about the General Data Protection Regulations (GDPR) which replaced the old Data Protection regulations on 25 May 2018. These regulations are very much focussed on protecting you and how your data is handled, and here at Central Bedfordshire Council we want to keep you in the picture as to how we do that.</p> <p>The information you supply us with is used in the following ways:</p> <ul style="list-style-type: none"> <li>• to determine whether the application is valid and can be approved</li> <li>• provided to contractors so that they may provide quotations and carry out works in such a way as to minimise negative impacts on health and well-being</li> <li>• provided to our Planning and Building Control Departments to the extent that is required for any associated application to these teams to be processed appropriately</li> <li>• shared with Social Care, Health, and Housing professionals, for the purpose of delivering appropriate services</li> <li>• for the prevention, detection and enforcement of fraudulent acts this information may be shared with other relevant teams within the Council, and other bodies administering public funds or involved in the prevention, detection, and enforcement of criminal acts.</li> </ul> <p>Your information will be stored securely whilst in our possession and is only accessible by those working within the service providing the assistance, and those mentioned above.</p> <p>Your data will only be held for as long as is necessary or as governed by other statutory regulations and will be disposed of securely.</p> <p>If you have any questions or wish to find out more about how data is managed at Central Bedfordshire Council then please either contact our Information Governance Team on 0300 300 4968 or at <a href="mailto:information.governance@centralbedfordshire.gov.uk">information.governance@centralbedfordshire.gov.uk</a> or visit <a href="http://www.centralbedfordshire.gov.uk/contact-us/website/data-protection.aspx">http://www.centralbedfordshire.gov.uk/contact-us/website/data-protection.aspx</a></p>	