

Homesharer Application Form

	Your Details
Name	
(for couples	
please provide	
both applicant	
details)	
Date of Birth	
Sex	
Address	
Telephone	
number	
Email	
Address	
Language(s) spoken	

Please In	sert a
Recent Pic	ture of
Yourself	Here

When do need accommodation from?	
Do you need to give notice where you are currently living, if so how much?	
Which areas are you willing to live in? (Please note the wider range of areas you give the easier it is to find a placement. Please give a reference number for an advert if you have one)	 2. 3. 4.
On what basis are you in the UK? (If applicable, please state how long you have been in the UK)	
How long can you commit to Homesharing? (Please note that the minimum commitment is 6 months)	
What attracted you to the idea of Homeshare?	
Do you have any qualifications or experience with older/vulnerable people?	

Do you have an up to date DBS? (within the last year? If so, please state the date of your last DBS)				
As a Homesharer you will need to offer 10 feel you can provide this support? E.g. Please select the type of	. daytime, aft	ernoon, e	evenings, weekend	
Type of Support You Can Provide				
Shopping	YES		NO	
Light Cooking	YES		NO	
Gardening/care of plants/ care of pets	YES		NO	
Light Housework	YES		NO	
Keeping Appointments	YES		NO	
Companionship	YES		NO	
Outings	YES		NO	
Helping with the computer/ internet	YES		NO	
Overnight presence in the house	YES		NO	
Is there anything else yo	u would like	to offer h	elp with?	
How would you describe yourself? What are your interests/ hobbies?				
Do you work currently? YES What is your occupation?	N	10		
What days do you work and what hours d	o you do?			

Are you a Student?	NO
What course are yo	u enrolled on?
What soulds are yo	
Which year are you	in?
How many days and	d on what days do you attend University/College?
Are you able to pro	vide 10 hours of support per week?
YE	S NO N
Do you have any up you are a student)	coming commitments? (e.g. holidays, plans to return back home if
Y	ES NO
If so, please give furt	her details
grand	
References	
Please provide deta	ails of two referees. (Please note one of the referees must be your
	atest employer) We also do a check with the Disclosure and Barring
Service and we req	uire references and proof of current address)
Employer/ Academi	c Reference
Name	
Address	
Telephone Number	
Email Address	
Relationship to the	
Applicant	
Length of time	
known	
Personal Reference	
Name	
Address	
Telephone Number	
Email Address	
Relationship to the	
Applicant	
Length of time known	

	Next of kin/ Eme Please provide details	of you next of kin or s	omebody we car	n contact if	there were an	
	emergency during you Name		nt. Relationship to y	OU		
	Address	'	tolationionip to y			
	Telephone Number					
	Email Address					
	A voluntary role as a H Offenders Act 1974 as is one covered by the I Rehabilitation of Offen will require the potentia warnings (whether spe Offenders Act 1974 (E. legislation.	it would involve work Rehabilitation Of Offed ders Act 1974 (Exclused Homesharer to discont or unspent) that are	ing with vulnerab nders Act 1974 (sions and Except lose all convictio e not "protected"	le adults. T Exceptions) ions) (Scotl ns, cautions (as defined	he role of a Home Order 1975 or th and) Order 2013, s, reprimands, and by the Rehabilita	esharer e so we d final
	We have a fair and equivaricular individual un Homesharer (e.g. assamake an application to	less the nature of the ult against a vunerab	conviction has s le adult) We will	ome releva	nce to the role of a	a
	Do you have any unsp					
	pending criminal convi- warnings, reprimands					
	If yes, please give furth	ner details				
	preferences ere any health concern	s we and the Housel	ander pood to b	o awara o	2 E a alloraios	
Are the	ere any nearm concern	s we and the nouse	ioider fieed to t	de aware of	r E.g. allergies	
	VEC] NO				
Do you	YES I have any pets?] NO	YES		NO	П
			10 VEO		NO	
Would	you mind sharing with	someone who has	apet? YES		NO	
Do you	ı smoke?		YES		NO	
Do you	ı mind living with some	eone who smokes?	YES		NO	
Do you	ı have any preferences	living with a female	, male, couples	?		
Male	☐ Fem	ale	Couple [7 N	o preference	П
	e anything else you wo				•	

agree to provide 10 hours of support to the householder per week
I give consent for Lightshare Homeshare Services to conduct an enhanced DBS check with an external organisation before I move in and I understand some personal data may be provided to the organisation completing my DBS check. I also agree to pay a £30 fee for the DBS check
I agree to pay the monthly fee of £170 to Lightshare (single applicant) or £320 (couples) from the date I commence my first placement
I confirm that the information I have provided above is true, complete and accurate
All information held by Lightshare CIC (trading as Lightshare Homeshare Services) will be kept in accordance with The General Data Protection Regulation (GDPR). You have the right to access your files at any time. We promise never to share or sell your information to other organisations or businesses, unless you have given us specific consent. You can opt out of our communications at any time by telephoning 0330 111 4292, writing to Lightshare Homeshare Services, 86-90 Paul Street, London, EC2A 4NE or by sending an email to info@lightshare.co.uk. You can find a full copy of our privacy policy on our website at
www.lightshare.co.uk I give consent to Lightshare Homeshare Services to use my data for office use and to help process my Homeshare application
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Please email <u>info@lightshare.co.uk</u> or call 0330 111 4292 if you have any questions or queries.