



HOME LINK APPLICATION FORM

This information is confidential to Co Action.

(Block CAPITALS)

PARTICULARS OF APPLICANT(S)

	Applicant 1	Applicant 2
Surname:	_____	_____
First Name:	_____	_____
Date of Birth:	_____	_____
Address:	_____ _____ _____	_____ _____ _____
Previous Address:	_____	_____
(Within last 10 years)	_____ _____ _____	_____ _____ _____
Contact Details:	_____ _____	_____ _____
Occupation:	_____	_____

HOUSEHOLD COMPOSITION

(Please include everyone living in your home)

Name	Date of Birth	Occupation/School	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where did you hear about hosting a person with an intellectual disability?

Why are you interested in becoming Host Carers?

Whose idea was it to apply?

Has the possibility of becoming a Host Carer been discussed with all the household members? Yes No If No, please give brief details:

Have either of you any previous experience of working with people with learning disabilities or autism: Yes No If yes, please give brief details:

We are interested in sharing my home with: (please circle preferred choice)

A child/ young person / adult / no preference

For: Evening/ an overnight stay/ a weekend / short break/ week's holiday/ no preference.

Any additional information you may wish to give:

Have either of you ever been charged or convicted of any criminal offence? Yes No

If yes please give details:

Were either of you ever the subject of an allegation or investigation in this or any other jurisdiction arising from a complaint or allegation of abuse of a child or other vulnerable person? _____

Car Ownership

Do you have a car? Yes No

Do you have a full driving licence? Yes No

REFERENCES

Please give names, addresses, and telephone number of three people who will act as referees for you (not immediate family) For a couple 3 referee who know you as a couple is required:

APPLICANT 1: Name _____

Name: _____ Name: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

Occupation: _____ Occupation: _____

Name: _____

Address: _____

Tel: _____

Occupation: _____

APPLICANT 2: Name _____

Name: _____ Name: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

Occupation: _____ Occupation: _____

CONSENT

I, hereby give my consent to have confidential enquires made by CoAction concerning this application to the referees named above .

Signature of Applicant 1: _____

Signature of Applicant 2: _____

Please return to: Emma O' Sullivan (Home Link Social Worker)
CoAction West Cork, Children's Services Centre,
St. Mary's Road, Dunmanway, Co. Cork.