

NEWLON HOUSING TRUST

SELF CONTAINED ACCOMMODATION

In confidence

PLEASE ATTACH
A RECENT SIGNED
COLOUR PHOTO
HERE

<i>Please complete all boxes below</i>					
Surname					
First Name					
Address					
Mobile Telephone					
Home Telephone					
E-mail					
Preferred method of contact					
Hospital	RFH / OTHER (please state) <i>(delete as appropriate)</i>				
Ward/Department					
Position					
Will the applicant be:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Full time Royal Free London NHS Foundation Trust salaried employee in a permanent position</td> <td>YES <input type="checkbox"/></td> </tr> <tr> <td></td> <td>NO <input type="checkbox"/></td> </tr> </table>	Full time Royal Free London NHS Foundation Trust salaried employee in a permanent position	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Full time Royal Free London NHS Foundation Trust salaried employee in a permanent position	YES <input type="checkbox"/>				
	NO <input type="checkbox"/>				
If no, please give brief details why accommodation is required and funder:					
When is <u>exact</u> date the accommodation required from? (Note 1)					
How long is the accommodation required for?					
Date of joining Royal Free London NHS Foundation Trust					
Type of Accommodation applied for: Coppetts Wood House; <input type="checkbox"/> Self Contained Single Occupancy Studio <input type="checkbox"/> Self Contained One Bedroom Flat (Please see over) (note 2) <input type="checkbox"/> Self Contained Two Bedroom Flat (Please see over) (note 3)					

I apply for consideration for Newlon Housing Trust accommodation

Signed Applicant:	Date:
By marking this box I indicate that the above information is correct:	<input type="checkbox"/>

I support the above-named person's application for accommodation **(note 4)**

Signed:	Date:
Workforce Officer/Head of Department	
Name: <i>Block Letters</i>	Ext: Department:

Royal Free London NHS Foundation Trust Office Use Only

Issued to: <input type="checkbox"/> Newlon Housing Trust	DATE:
Comments:	
Signed RFLNHST Nomination Manager:	

NAMES OF INTENDED OTHER OCCUPANTS	
One Bedroom - suitable for 2 persons (<i>note 2</i>)	1. Applicant
	2.
	3. Child Age
Two Bedrooms – suitable for 2 adults and 2 children – please indicate if age is under 18 (<i>note 3</i>)	1. Applicant
	2.
	3. Age
	4. Age

EMERGENCY CONTACT DETAILS	
Full Name of Contact:	
Address:	
Telephone no:	
Relationship to Tenant:	

NOTES FOR COMPLETION:

NOTES:

- (1) Please put the exact date of arrival. This date must not be more than 3 days prior to commencing employment.
- (2) Can be allocated to two adults and a child up to 1 years of age – discretion of the Nominations Manager.
- (3) Two bed flats allocated to two adults and two children up to the age of 18. Not suitable for 4 adults. (*Conditions apply)
- (4) The application must be countersigned by the Workforce Department, Medical Workforce, Medical School Administration or Head of Department and **returned as soon as possible.**
- All accommodation is subject to availability.
- Prior to occupation of the accommodation, a deposit and a month's rent is payable in advance.
- All person identifiable information is stored and held in accordance with the Data Protection Act and relevant NHS guidelines
- Accommodation is only offered to permanent members of staff in a full time salaried/approved post or RFHMS students and visitors. **Bank staff are not eligible.**
- Should you have any queries regarding the application process, please contact the Royal Free Hospital Accommodation Services Department, C/o: **The Royal Free Hospital: 020**

7794 0500 - extensions: 34716, Telephone No. (Direct Line): 020 7830 2921 Fax No:
020 7830 2941 – Email: rfh.accommodation@nhs.net