

**Steps Supported Lodging Scheme**

**Host Enquiry Form:**

Register your interest

https://www.centralbedfordshire.gov.uk/officeforms/spacer.ofif

If you would like us to send some information to you or give you a call about the supported lodgings scheme, please complete this form. We will arrange for an information pack to be sent to you and will ask one of our supported lodgings team to give you a call to answer any questions you may have. The details you provide to us will not be shared with anyone else without asking you first.

https://www.centralbedfordshire.gov.uk/officeforms/spacer.ofif

Thank you for your interest in the scheme

Your details:

**Name**

|  |
| --- |
|  |

**Telephone number**

|  |
| --- |
|  |

**Email address**

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| --- |
|  |

**Please let us know if there is a best time for us to contact you regarding your enquiry**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please select a day** | **Monday**  **Tuesday**  **Wednesday**  **Thursday**  **Friday** | **Please select a time** | **Morning**  **Afternoon** |

**Where did you hear about Steps Supported Lodgings Scheme?**

|  |
| --- |
|  |

**Please choose the statement that is most relevant to you:**

|  |  |
| --- | --- |
|  | *Please tick the relevant box* |
| **I am just starting my research into supported lodgings placement host** |  |
| **I would like to start the process to become a supported lodgings placement host** |  |
| **I have previous experience of being a supported lodgings placement host** |  |
| **I am currently a supported lodgings placement host** |  |
| **I would be interested in applying for a supported lodgings placement for a young person that I work with** |  |
| **Other reason, please specify…** |  |

**Why would you like to be a host?**

|  |
| --- |
|  |

Please return your completed form to: STEPS Supported Lodgings Scheme, Shap LTD, 2nd Floor Lakeside Building, Prescot Road, St Helens WA10 3TT or [cbu@shap.org.uk](mailto:cbu@shap.org.uk)

**Data Subject Consent Form (potential Steps Scheme host) **

*(please insert your name on the dotted line below)*

I, **…………………………………………**, grant Shap Ltd authority to process my personal data for the

legitimate reasons and purposes noted below.

**Our reasons for processing your personal data (and that of your family who live with you) are to:**

* enter into a contract with you and to carry out our obligations arising from any such contracts
* comply with a legal duty
* ensure that the information we hold about you is kept up-to-date
* process an application for becoming a host for the Shap Supported Lodging Scheme
* remember your preferences (if you ask not to receive marketing material, we will keep a record of this) to ensure we comply with your consent request
* use for our own lawful interests (marketing, internal record keeping or to improve our products) provided your rights don’t override these
* seek your views or comments on the services we provide
* notify you of changes to our services
* send you communication(s) which you have requested and that may be of interest to you.

We will only use your information for the purpose that it was collected (or similar/related purposes). This includes using it as necessary to perform our contractual obligations and in providing services to you. We do not reveal this information to third parties for marketing.

**The personal data that we may need to process:**

* Your name, address, email address and date of birth.

I am aware that I may withdraw my consent at any time by putting my request in writing and sending it to SHAP at:

SHAP Ltd, Lakeside Building, Alexandra Business Park, Prescot Road, St Helens, Merseyside WA10 3TT

All information will be dealt with in accordance with SHAP’s Confidentiality, Data Protection and Privacy Policies, which are available to you on request.

Signed by Data Subject: ……………………………………………………………………….. *(signature of potential host)*

Print name: ………………………………………..

Date form signed: ……………………………..

Date request actioned by CBU: ………………………………

Name of Individual processing this declaration form: ……………………………………………….

Signature: …………………………………………………………