

Please give a brief statement on why you would like to be a Supportive Lodgings Provider to young people preparing to leave care?

Please provide the name, address and telephone number of two people who we can contact to provide references. At least one of these referees must not be related to you. Please note that both references will be visited.

REFEREE ONE

NAME:

ADDRESS:

TELEPHONE NO:

RELATIONSHIP TO YOU:

REFEREE TWO

NAME:

ADDRESS:

TELEPHONE NO:

RELATIONSHIP TO YOU:

CONSENT TO CHECKS

I give my approval for Solihull Education and Children Services to undertake the following checks in order to assess my suitability as a Supportive Lodgings Provider.

Police Check/ Medical Check/ Social Services Check/ Department of Health/ Probation/ NSCPP.

Signed: **Date:**

Please note: All adult members of your household will also be required at a later date to give their consent to the above checks.

Please return to:
Accommodation Officer
Solihull Education and Children Services
16+ Team
8 Craig Croft
Chelmsley Wood
Solihull
B37 7TR