



### 3 Special Contacts

You

Your Partner

		You	Your Partner
<b>Doctor</b>	Name		
	Address		
	Telephone number		
<b>Social Worker</b>	Name		
	Address		
	Telephone number		
<b>Probation Worker</b>	Name		
	Address		
	Telephone number		
<b>Health Visitor</b>	Name		
	Address		
	Telephone number		
<b>Drugs Worker</b>	Name		
	Address		
	Telephone number		
<b>Psychiatric Nurse</b>	Name		
	Address		
	Telephone number		

If you have any other professionals who are helping you, please give details

Profession	Name	Address	Tel. No.





**Schools.** Please give details of the schools attended by any child to be rehoused,

Child's Name	Name of School	Child's Name	Name of School

Do you wish to be considered for Housing Association (RSL) property? Yes  No

Do you wish to consider a Mutual Exchange? Yes  No

**9 Anti-Social Behaviour**

Are you or any member of the household subject to an Anti-Social Behaviour Order?

Yes  No  if yes – please give details


Are you or any member of the household subject to an Acceptable Behaviour Contract for anti-social behaviour against residents? Yes  No  if yes – please give details


Are you or any member of the household subject to an Injunction against other residents?

Yes  No  if yes – please give details


Have you or any member of the household been charged for criminal offences, which has resulted in a conviction or is pending a conviction? Yes  No

if yes – please give details






