



# COUNCIL OF THE ISLES OF SCILLY

Planning Department  
Town Hall, St Mary's, Isles of Scilly, TR21 0LW  
☎01720 424455  
✉[planning@scilly.gov.uk](mailto:planning@scilly.gov.uk)

## Specific Local Need Application

### Form A for Employment Purposes

#### Privacy Notice

Under the General Data Protection Regulations (GDPR) as of 25th May 2018, the Council of the Isles of Scilly has a mandatory obligation to explain its Privacy Policy under a Privacy Notice of 'what', 'how', 'where', 'why' and 'when' we processes your personal data.

#### **Who will control my data?**

The Data Controller for all the information you provide on this form is the Council of the Isles of Scilly, Town Hall, St Mary's Isles of Scilly TR21 0LW. Data Protection Registration Number: **Z5715100**

#### **There's something I don't understand?**

If you need help in understanding or completing this form, please contact the Planning Department on 01720 424455 or by emailing [Planning@scilly.gov.uk](mailto:Planning@scilly.gov.uk)

#### **How we will use the information about you?**

The Council of the Isles of Scilly is required under Section 106 of the Town and Country Planning Act 1990 to ensure any property with a planning obligation in place is being occupied in accordance with the legal agreement entered into.

#### **Who else will we share your information with?**

We will only use this information in conjunction with your application to qualify as having a Specific Local Housing Need. This may include checks with the Council's Housing, Revenues and Water departments to identify any fraudulent claims.

Your data will be held within the Council of the Isles of Scilly secure network and premises and will not be processed outside of the EEA. Access to your information will only be made to authorised members of staff who are required to process it for the purposes outlined in this privacy notice. If you would like to find out more information about the Council's Data Protection Policy then you can read this here:

<http://scilly.gov.uk/sites/default/files/Data%20Protection%20Policy%20v1.0%20FINAL%20May%202018.pdf>

#### **How long will you keep this information for?**

We will not retain any of the evidence provided. A copy of this application form will be retained for 2 years after 2 years it will be destroyed. If you are granted the status as having a Specific Local Need you will retain that status until such time as your circumstances change, the information you have provided to us on this application form will be deleted. You are advised to retain a copy of the Council's decision for your records. You will be recorded by name only in the register together with the outcome of your application.

#### **What are my data rights?**

Your personal information belongs to you and you have the right to:

- be informed of how we will process it

- request a copy of what we hold about you and in commonly used electronic format if you wish (if you provided this to us electronically for automated processing, we will return it in the same way)
- have it amended if it's incorrect or incomplete
- have it deleted (where we do not have a legal requirement to retain it)
- withdraw your consent if you no longer wish us to process
- restrict how we process it
- object to us using it for marketing or research purposes
- object to us using it in relation to a legal task or in the exercise of an official authority
- request that a person reviews an automated decision where it has had an adverse effect on you

### **How do I exercise these rights?**

If you would like to access any of the information we hold about you or have concerns regarding the way we have processed your information, please contact:

Simon Mansell  
Data Protection Officer Council of the Isles of Scilly  
C/O Information Governance  
4<sup>th</sup> Floor, North Wing  
County Hall  
Truro  
TR1 3AY  
Tel: 01872 326424 Email: [dpo@cornwall.gov.uk](mailto:dpo@cornwall.gov.uk)

### **I don't agree with something**

We would prefer any complaints to be made to us initially at the Planning Department, Town Hall St Mary's, Isles of Scilly TR21 0NL so that we have the opportunity to see if we can put things right. However, if you are unhappy with the way we have processed your information or how we have responded to your request to exercise any of your rights in relation to your data, you can raise your concerns direct with the Information Commissioner's Office Tel No. 0303 123 1113 <https://ico.org.uk/concerns/>

### **Why do you need my information?**

You have asked us to establish whether or not you would qualify to occupy a restricted occupancy home on the Isles of Scilly (Specific Local Need status) so we need your name, address and other details, as required, in order to assess whether or not you qualify with the requirements of the Interim Specific Local Need Policy. Without this information we are not able to confirm that you qualify to occupy a restricted occupancy home on the islands.

# Specific Local Need Application

## Form A for Employment Purposes

Please fill out the details requested below and provide the evidence required for each section. The key for the letters in the evidence column is after the declaration section. If we need to write back to you to request further or missing information this may delay the consideration of your application. We aim to determine applications within 28 days of receipt.

| Personal Details              |   | Evidence |                              |
|-------------------------------|---|----------|------------------------------|
| 1                             | Title:  | A        |                              |
| 2                             | Surname   |          |                              |
| 3                             | First Name  |          |                              |
| 4                             | Current Address   |          |                              |
| 5                             | Email Address   |          |                              |
| 6                             | Telephone Number(s)   |          |                              |
| 7                             | Would the property (you are seeking to obtain this status for) be your sole private residence?                                  | YES / NO | Declaration at form sign off |
| Employment Status             |   |          |                              |
| 8                             | Do you currently work on the Islands?   | YES / NO |                              |
| 8a                            | If Yes, go to question 10   |          | B                            |
| 8b                            | If No, go to question 9   |          |                              |
| 9                             | Do you have an offer of employment for an island-based permanent or fixed-term contract job?                                    | YES / NO |                              |
| 9a                            | If No, you do not qualify for occupation under Criteria 2 of the interim Policy. For more options go to Application Form B or C |          |                              |
| 9b                            | If Yes, go to question 10.  |          | C                            |
| 10                            | Employee Details:   |          |                              |
| Name and Address of Employer: |   |          |                              |
| Location of Work:             |   |          |                              |
| Job Title:                    |   |          |                              |

|  |                 |
|--|-----------------|
| <b>Part time or Full Time:</b>   |                 |
| <b>Permanent or Contract:</b><br>(must be a permanent or fixed contract) |                 |
| <b>Length of Contract:</b>   |                 |
| <b>Length remaining on Contract</b> (min 6 months remaining):            |                 |
| <b>If Part Time, No of Hours Per Week</b> (min. 21 hours per week):      |                 |
| <b>Contract End Date</b> (if known):                                     |                 |
| <b>Paid or Voluntary:</b>  |                 |
| <b>THIS WILL BE MY PRIMARY OR ONLY EMPLOYMENT</b>                        | <b>YES / NO</b> |

**11 The Address of the Property you are looking to occupy (if known):**

|  |
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|  |
|--|

**Declaration**

You must sign the following declaration to:

- consent to the Council retaining your data. The information provided will be treated confidentially and used solely for the purpose of assessing your housing need, in accordance with the Privacy Notice set out above.
- To declare that all the information in this statement is accurate and complete and supported by the evidence required. It is accepted that if false information is deliberately provided this application will be rejected.
- Confirm that you understand and agree that the Council of the Isles of Scilly making make their own enquiries regarding the contents of this statement if reasonably required to assess this application.
- Declare that should your application be successful, the property you occupy would be your sole private residence.

|                    |  |              |  |
|--------------------|--|--------------|--|
| <b>Print Name:</b> |  |              |  |
| <b>Signed</b>      |  | <b>Date:</b> |  |

## EVIDENCE

Please provide the evidence requested to back up the information provided above.

| Evidence | Question No | Acceptable Evidence   | Check to confirm included | Office Use: Documents have been seen |
|----------|-------------|---|---------------------------|--------------------------------------|
| A        | 1-4         | Photographic ID such as a Passport/Driving Licence to prove who you are backed up by a Utility Bill/Voting Registration to confirm your current address.  | <input type="checkbox"/>  | <input type="checkbox"/>             |
| B        | 8a          | A letter from your employer confirming you are employed to work on the islands on the basis stated in question 10. Letters should have contact details so they can be checked and be on 'headed paper'.                     | <input type="checkbox"/>  | <input type="checkbox"/>             |
| C        | 9b          | A letter from your prospective employer confirming an offer of employment for an island-based role on the basis stated in question 10. Letters should have contact details so they can be checked and be on 'headed paper'. | <input type="checkbox"/>  | <input type="checkbox"/>             |

**INTERIM SPECIFIC LOCAL NEED CRITERIA FOR DWELLINGS RESTRICTED IN OCCUPANCY BY A SECTION 106 PLANNING OBLIGATION TO THOSE WITH A SPECIFIC LOCAL NEED AND THE OLD KEY WORKER CRITERIA**

|          |   |
|----------|---|
|          | Any home on the Isles of Scilly that is subject to an occupancy restriction, through a Section 106 Planning Obligation, including those relating to Specific Local Need and/or key Workers, will need to be occupied in perpetuity by a person or persons (and their dependants) with a proven housing need as their principal residence throughout the year. A proven housing need is where: |
| <b>1</b> | <b>the property would be their sole private residence; and</b>  |
| <b>2</b> | <b>they need to live permanently on the islands due to their employment circumstances and work commitments; or</b>  |
| <b>3</b> | <b>they have been continuously resident on the islands for at least five years and require new accommodation as a result of the requirement to:</b>   |
| 3a       | vacate tied accommodation; or   |
| 3b       | relocate to more suitable accommodation due to a medical and/or mobility condition; or  |
| 3c       | relocate to smaller accommodation due to under-occupation; or   |
| <b>4</b> | <b>they are a former resident who has previously lived permanently on the Isles of Scilly for a continuous period of at least 5 years and who:</b>  |
| 4a       | has been away for educational, training purposes or to obtain work experience or professional or technical accreditation; or  |
| 4b       | is currently employed by the armed forces or merchant navy and whose main residence will be on the islands; or  |
| 4c       | is retired from the armed forces or merchant navy; or   |
| 4d       | needs to provide substantial care to a relative who has lived continuously on the islands for at least 5 years (substantial care means that identified as required by a medical doctor or relevant statutory support agency).   |