Application Form A for applying for Specific Local Need Status for Employment Purposes (February 2018)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Details | | | | You | | | | \*Essential | Evidence |
| 1 | Title: | | |  | | | | \* | A |
| 2 | Surname | | |  | | | |
| 3 | First Name | | |  | | | |
| 4 | Current Address | | |  | | | |
| 5 | Email Address | | |  | | | | | |
| 6 | Telephone | | |  | | | | | |
| **7** | **Would the property (you are seeking to obtain this status for) be your sole private residence?** | | | Yes/No | | | | Declaration | |
| 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 (paid or unpaid)? | | | | | | | | 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: | | | | | |  | | | |
| Length remaining on Contract (min 6 months remaining): | | | | | |  | | | |
| Part time/Full Time: | | | | | |  | | | |
| Permanent or Contract: | | | | | |  | | | |
| Length of Contract: | | | | | |  | | | |
| If Part Time, No of Hours Per Week (min. 21 hours per week): | | | | | |  | | | |
| Contract End Date (if known): | | | | | |  | | | |
| THIS WILL BE MY PRIMARY OR ONLY EMPLOYMENT | | | | | | Yes/No | | | |
| 11 | The Address of the Property you are looking to occupy (if known): | | | | | | | | |
|  | | | | | | | | | |
| Declaration | | | | | | | | | |
| You must sign the following declaration. The information provided will be treated confidentially and used solely for the purpose of assessing your housing need, in accordance with Data Protection Policy.  I 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.  I understand and agree that the Council of the Isles of Scilly may make their own enquiries regarding the contents of this statement if reasonably required to assess this application. | | | | | | | | | |
| Print Name: | | |  | | | | | | |
| Signed | | |  | | Date: | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence** | **Question No** | **Acceptable Evidence** | **Check to confirm included** |
| A | 1-4 | Passport/Driving Licence/Utility Bill/Voting Registration to confirm who you are and your current address. |  |
| B | 8a | A letter from your employer confirming you are employed to work on the islands on a permanent basis or fixed term contract. Letters should have contact details so they can be checked and be on ‘headed paper’. |  |
| C | 9b | A letter from your prospective employer confirming an offer of employment for an island-based role, on a permanent basis or fixed term contract. Letters should have contact details so they can be checked and be on ‘headed paper’. |  |

🔒Protecting your privacy and providing information on the Data Protection Act

The Council of the Isles of Scilly is committed to protecting your privacy and will treat your personal data in accordance with the provisions of the Data Protection Act 1998.

|  |  |  |
| --- | --- | --- |
| Office Use Only: | | Initials |
| Application Ref: | SLN/A/ |  |
| Date Initial Application Submitted |  |  |
| Date Request for Further information |  |  |
| Outcome |  |  |
| Date of Decision Letter Sent |  |  |
| Entered on to the SLN Register as: |  |  |
| Monitoring Code: |  |  |
|

|  |  |  |
| --- | --- | --- |
| Interim Qualifying Criteria for SLN/KW Homes | | |
| Monitoring code | Qualifying CriteriaAny 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: | Qualify 🗸  Rejection 🗴 |
| **1** | **the property would be their sole private residence; and** |  |
| **2** | **they need to live permanently on the islands due to their employment circumstances and work commitments; or** |  |
| **3** | **they have been continuously resident on the islands for at least five years and require new accommodation as a result of the requirement to:** |  |
| 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 |  |
| **4** | **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:** |  |
| 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). |  |