Specific Local Need Application

Form C for Former Residents

🔒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

**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

4th Floor, North Wing

County Hall

Truro

TR1 3AY

Tel: 01872 326424 Email: 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 C for Former Residents

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/Contact 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 | | | |
| Residency Status | | | | | | | | | | | | | |
| 8 | **Have you previously lived on the Islands?** | | | | | | | | | YES / NO | | | |
| **8a** | **If No**, go to Application Form A or B, you do not qualify under Criteria 4 of the interim policy. | | | | | | | | | |
| **8b** | **If Yes,** go to question 9 | | | | | | B | | | |
| 9 | Was this for a continuous period of 5 years? | | | | | | | | | YES / NO | | | |
| **9a** | **If No**, go to Application Form A or B you do not qualify under Criteria 4 of the interim policy | | | | | | | | | |
| **9b** | **If Yes,** go to Question 10 | | | | | | B | | | |
| **10** | | | **What was the reason for leaving and for returning?** | | | | | | | | | | |
| **10a** | | I have been away for educational or training purposes to obtain work experience or professional or technical accreditation. | | | | | YES / NO | | | C |
| **10b** | | I am currently employed by the Armed Forces or Merchant Navy but my main residence will be the Isles of Scilly. | | | | | YES / NO | | | D |
| **10c** | | I am retired from the Armed Forces or Merchant Navy and my main residence will be the Isles of Scilly. | | | | | YES / NO | | | D |
| **10d** | | I need to return to the Islands to provide substantive care for a relative who has lived continuously on the islands for at least 5 years. | | | | | YES / NO | | | B & E |
| 11 | | | If you have previously lived on Scilly (for a continuous period of 5 years or more) please provide the addresses of any properties you have occupied on the islands during the last 5 years you lived on the islands (attach more sheets or extra rows as necessary). | | | | | | | | | | |
| Address | | | | | | | Occupation Dates  (from- to) | | | | |  | |
|  | | | | | | |  | | | | B | | |
|  | | | | | | |  | | | | B | | |
|  | | | | | | |  | | | | B | | |
|  | | | | | | |  | | | | B | | |
| 12 | | | The Address of the Property you are looking to occupy (if known): | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| Print Name: | | | | |  | | | | | | | | |
| Signed | | | | |  | | | Date: |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |  |  |
| B | 8b & 9b & 11 | Utility Bills or any other proof you have to demonstrate occupation of accommodation on the islands for at least a continuous period of 5 years at some point in the past. Or if 10d is the reason for needing to locate to Scilly, the address details of the relative requiring substantive care. |  |  |
| C | 10a | A personal statement from the applicant including the nature of training, education, qualifications or work experience. |  |  |
| D | 10b & 10c | A supporting letter from the Armed Forces/Merchant Navy to confirm current serving Status/Rank or dates of previous serving Status/Rank if the applicant has retired from the Armed Forces or Merchant Navy. |  |  |
| E | 10d | A personal statement from the applicant to explain the nature of the care required for the relative and how long the relative has resided on the islands. This should be supported by a letter from a Dr or Medical professional to confirm the care requirements of the relative as well as the length of time the relative has resided on the islands. |  |  |