

CYRENIANS INITIAL ENQUIRY FORM

Cyrenians Social Bite Village

Social Bite Village might be for you if:

- You are over 18
- You are currently unintentionally homeless, have 'silver priority' and are living in a B&B or other temporary accommodation situation within Edinburgh,
- You would like to share a Tiny House with another person
- You would like to receive skilled keywork to support you in achieving your aspirations
- You would like to engage in community life and activities to make meaningful use of your time
- You have no current drug or alcohol issues in recovery for 6 months
- You have stable mental health* and support in place if appropriate
- You can commit to living a community life in the village: sharing, eating and working together and supporting each other in times of challenge and of celebration.
- You can provide two references in support of the above

Section 1 - Personal Information

Name		Date of Birth	
Preferred name		Gender Identity	Male □ Female □ Transgender □ Other □ (please specify):
Preferred pronoun		National Insurance Number	
Ethnic Origin	White British □ White Scottish □ White Irish □ White Other □ Mixed − White and Black Caribbean □ Mixed − White and Black African □ Mixed − White and Asian □ Mixed − Other □ Asian British − Bangladeshi □ Asian or Asian British − Indian □ Asian or Asian British − Pakistani □ Asian or Asian British − Other □ Black or Black British − Caribbean □ Black of Black British − African □ Black or Black British − Other □ Chinese □ Other □ Not known □ Prefer not to say □		
Current Address (incl. postcode)		·	
Telephone Number		Email	
Does the applicant have any children?			



Section 2 – Housing Information

Current accommodation situation			
Current accommodation type	Security of tenure		
Housing Officer Details	Edindex number (if known)		
Section 3 – Referra	l Source		
Self referral: Yes □ No □			
Referred by agency: Yes	\square No \square If yes, please complete the below	ow:	
Referrers Name:	Date of referral:		
Organisation:	T/number:		
Email:			
How long have you known the applicant			
Will you continue to support the applicant	Yes □ No □		

Please tick to confirm that the named person is aware of this enquiry and consents to the enclosed information being shared \Box Date:



Section 4 – Income Source

Employment	Benefi	its
Details:	Detail	Employment and Support Allowance □ Disability Living Allowance □ Personal Independence Payment □ Job Seeker's Allowance □ Income Support □ Universal Credit □
Debt problems? Are you eligible fo	r housing benefit?	
Section 5 – Rea	son for Enquiry	
Why would you like to live in the Social Bite Village?		
Any further information relevant to accommodation?		



Section 6 - Additional Information

Additional information in relation to initial enquiry					

Any risk factors in relation to this enquiry (e.g. substance misuse, mental health issues)

Any Questions?

Please contact us on 0131 600 0084 or email us at thevillage@cyrenians.scot with any queries.

Completed enquiry forms can be emailed (as above) or posted to the below:

Cyrenians Social Bite Village 23 West Shore Road Granton Edinburgh EH5 1QB

