

# Travelling Persons Site Application Form

For official use only



Clackmannanshire  
Council

[www.clacks.gov.uk](http://www.clacks.gov.uk)

Comhairle Siorrhachd  
Chlach Mhanann

This form is used to register your interest in a pitch at the Travelling Persons Site in Clackmannanshire. By completing it, you will be added to the Site Waiting List.

If you need support with filling in this form, please contact Clackmannanshire Council's Housing Service. If English is not your first language, we can provide a translated version. We can also supply the form in larger print if required.

You can register on the waiting list if you are 16 years or over. Please be aware that if you have recently arrived in the UK from another country, you may not qualify for Council housing.

Please complete all parts of the form carefully. The details you provide will help us assess your housing needs and prioritise your application in line with our housing policy.

All questions must be answered. If a question does not apply to you, please mark it as "Not Applicable (N/A)" or follow the instructions to skip it. This helps us understand that the question was not missed in error.

Once the form is completed, please return it to Clackmannanshire Council's Housing Service by:

Email at [home@clacks.gov.uk](mailto:home@clacks.gov.uk)

In-person, Housing Service, Kilncraigs, Greenside Street, Alloa, FK10 1EB

Please note that the applicants must have a caravan at the point of sign up and provide evidence of this.

## Section 1 – Applicant information

Lead Applicant		Joint Applicant
Do you identify as Gypsy/Traveller?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First name		
Middle Name(s)		
Last name		
Previous Name(s)		
Title (ie Mr, Mrs, Miss, Ms, Mx etc)		
Sex (Male or Female)		
Email address		
National Insurance Number		
Date of birth		
Relationship to Lead Applicant		

### Contact Telephone Numbers

Tel Number	
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## Section 2 – Your Address

Lead Applicant	Joint applicant (if different from Lead Address)
House/Flat/Pitch Number	
House/Flat/Pitch Name	
Street	
Town	
County	
Postcode	
Country	

When did you start living at your current address?		
If you are a tenant, please provide details of your landlord's name and address.		
Previous address if you have been at your current address for less than 3 years.		

### Section 3 – Reasons For Moving and Household Members

What are your reasons for moving? (Please tick all that apply)

Caravan is main home, but nowhere to locate it	Homeless / Threatened with homelessness	Health Reasons	Support Needs
Property/site in poor condition	Living on a private site	Other Please specify	

Do you have any pets?	Yes	No
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If yes, please provide the number of pets and type in the box below

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Do you or any members of your household own a property other than the one you currently live in?	Yes	No
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If yes, please provide the details in the box below

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## Household Members

Please provide details of all household members that will be moving with you

Full Name	Sex (M or F)	Relationship to lead applicant (e.g. mother, father, daughter, son, etc.)	Date of Birth	Will this person live with you after the move (Yes or No)	Does this person currently live with you? (Yes, No or Access only)	If access, how many nights per week?

## Section 4 – Your Circumstances

If you ticked any of the following in Section 3 as your reason for moving please provide the following additional information. (Please note these sections only need to be completed if they apply to you, please leave blank if they don't)

Do you need to move because you have a caravan or access to a caravan which is your main home, but you have nowhere to locate it? If yes, please provide full details below how this affects you	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are you Homeless /Threatened with homelessness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes you should make a homeless application.

You can do this by phoning 01259 225008.

Alternatively you can call into Kilncraigs, Greenside Street, Alloa, FK10 1EB

Does anyone that needs to move have a medical condition? If yes, please complete a separate medical assessment for housing application form with further details.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you need to move to give or receive support? If yes, please complete the following information.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you need to give or receive support?	Give <input type="checkbox"/>	Receive <input type="checkbox"/>
Please provide the name and address of the person who will give or receive the support and their relationship to you		
Please detail the type of support you give or receive (i.e. shopping, cooking, personal care)		
Please give details on why they or you are unable to carry out the above tasks		
How often will you provide or receive this support?		
If you/they require support to live independently i.e. personal care, cooking then have you/they been approached by the Local Authority's social work Department to discuss a formal care package? If yes, please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your current property/site you live on in poor condition or lacking in amenities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details below how this affects you and if you have reported this to your landlord		
Do you need to move because you live on a private site? If yes, please provide full details below how this affects you	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Section 5 Pre Tenancy Questions

### Immigration and Asylum

Do you or everyone to be housed with you have the right to reside in the UK?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If no, please give details of your immigration status.

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## Anti-Social Behaviour

Have you or anyone to be housed with you had complaints made against you/them for anti-social behaviour within the last 3 years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details below of the complaints. If you/them have ever been evicted for anti-social behaviour or had an ASBO against you/them then please also give further details.

## Arrears

Do you or anyone to be housed with you have outstanding arrears, or any occupancy-related debt (e.g. rechargeable repairs) which amounts to more than one month's rent and is related to a current or previous tenancy?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please answer the following information.

Please give the full name and address of the landlord to whom the debt is owed	<input type="text"/>
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Please give the address of the property where the arrears occurred	<input type="text"/>
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Have you maintained a repayment arrangement for 13 weeks or more?	<input type="text"/>
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Have you maintained a repayment arrangement for 13 weeks or more?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## Sex Offenders Registration Requirements

Do you, or anyone to be housed with you need to register with the Police under the Sexual Offences Act 2003?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give the name of the person in the household to whom this relates below.

## Relations to Clackmannanshire Council

Are you related to an employee or elected member of the Clackmannanshire Council?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give the name and position within the Organisation of your relative and their relationship to you.

<input type="text"/>
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Are you an employee or a committee member of Clackmannanshire Council?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please tell us of your position within the Organisation.

<input type="text"/>
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## Section 7 Declaration

The personal information provided within your form will be handled and used by Clackmannanshire Council in accordance with its Fair Processing Notice. Please read the Fair Processing Notice carefully before submitting this form. A copy of the Notice can be found on Clackmannanshire Council's website or a paper copy can be sent on request.

You confirm that the details you have given on this form are true and correct, and you have not left out any information that may affect your application. You understand that giving false or misleading information in this form may result in your registration being refused, offers of housing being withdrawn, or action being taken to terminate any tenancy granted and eviction action taken against you. You must inform Clackmannanshire Council of any changes of circumstances.

By completing and submitting this form, you give consent to Clackmannanshire Council making enquiries to obtain references from your current landlord or any previous landlords to provide information relating to any current or previous tenancies you may have held. You also authorise Clackmannanshire Council to request information from other organisations to allow them to manage and administer your registration. This includes, for example, the Police for antisocial behaviour checks and medical professionals for medical history checks.

You understand that completing this form does not commit Clackmannanshire Council to offering you a tenancy. You understand that if you, or a member of your household, have any connection with any of Clackmannanshire Council's employees or board members, you must declare this..

**Please sign below to confirm your acceptance of the Data Protection Statement above.  
Your application cannot be processed without your agreement.**

### Lead Applicant

Signature	<input type="text"/>
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Date	<input type="text"/>
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### Joint applicant

<input type="text"/>
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<input type="text"/>
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