

## St Oswald's Hospital – Application form for an Almshouse

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**St Oswald's Hospital**  
**The Tything**  
**Worcester**  
**WR1 1HR**

**Tel: 07557 439940 (Office)**  
**01905 732907 (Steward)**  
**Charity registration number: 233566**  
**Website: [worcestercathedral.org.uk/StOswalds](http://worcestercathedral.org.uk/StOswalds)**

St Oswald's Hospital provides housing for people in need, over 50 years of age, who can live independently and look after themselves. Applicants must have been living in the City of Worcester and particular areas of Herefordshire for the two years immediately preceding their application. St Oswald's has a Christian foundation, and residents are expected to attend chapel regularly and join in the life of the community.

### APPLICATION FORM

#### Section 1 – About

<b>Full name</b>	
<b>Mr/Mrs/Miss/Ms</b>	
<b>Address</b>	
<b>Post code</b>	
<b>Telephone No</b>	
<b>Mobile No</b>	
<b>Email address</b>	
<b>Length of time at this address</b>	
<b>Council Tax Band</b>	
<b>Date of Birth</b>	
<b>Age</b>	
<b>Marital status</b>	
<b>Employment History</b> Please give details of any occupations you have followed and for how long. Any present occupations should be included	

**Section 2 – About your Family**

<b>Next of kin</b>	
<b>Relationship</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Telephone No</b>	
<b>Mobile No</b>	

**Section 3 – About your present home**

<b>Type of accommodation</b> (e.g. 3 bedroom, 2 room flat)	
<b>Do you or your spouse own it?</b>	
<b>If 'yes', what is its estimated value?</b>	£
<b>If you do not own the property where you live currently, who does own this property?</b>	
<b>Is this person related to you in any way?</b> <b>If YES what is the relationship?</b>	
<b>If rented, please give the name and address of the landlord</b>	
<b>Current rent</b>	£ .....per week
<b>Do you receive Housing Benefit?</b>	Yes / No
<b>Do you receive Council Tax Benefit?</b>	Yes / No
<b>Why do you wish to leave your present accommodation?</b>	
<b>What are your intentions regarding your current property if you are appointed to an almshouse?</b>	
<b>Is there a mortgage outstanding on the property and, if so, how much is outstanding?</b> If there is no mortgage, please write NONE	
<b>If you or your partner own a property other than the one in which you live, please give details below. This should include property abroad as well as in the UK</b>	Address  Post Code

### Section 4 – Your income

To enable the trustees of St Oswald's Hospital to assess your application, please provide the following information. This should include details of income and state how regularly you receive them, e.g. weekly, monthly or annually:

	<b>Amount (£)</b>	<b>Frequency</b>
<b>Pensions</b> <ol style="list-style-type: none"> <li>1. State retirement pension</li> <li>2. Pension paid by a past employer</li> <li>3. Private pension</li> <li>4. Widow's pension</li> <li>5. Any other pension</li> </ol>		
<b>Social Security Benefits</b> <ol style="list-style-type: none"> <li>1. Pension Credit</li> <li>2. Attendance Allowance</li> <li>3. Any other benefits</li> </ol>		
<b>Other Income</b> <ol style="list-style-type: none"> <li>1. Annuities</li> <li>2. Bank Deposit Account</li> <li>3. Building Society Account</li> <li>4. Investments</li> <li>5. Renting property or land that you own</li> <li>6. Grants from a charity</li> <li>7. Financial assistance from a relative / friend</li> <li>8. From a trust fund</li> <li>9. Any other income – please give details</li> </ol>		

**Section 5 – Your Capital**

1. <b>Bank accounts</b>	Current Balance
2. <b>Building Society accounts</b>	Current Balance
3. <b>Shares / equities</b>	Current Value
4. <b>National Savings Certificates</b>	Current Value
5. <b>Unit Trusts</b>	Current Value
6. <b>Premium Bonds</b>	Current Value
7. <b>Other investments</b>	Current Value

**Section 6 – About your Health and Social Factors**

<p><b>Are you able and willing to look after yourself and your accommodation?</b></p>	
<p><b>Please give details of any significant illnesses, injuries or operations during the last five years</b></p>	
<p><b>Are there any other health or social factors that you would wish the Trustees to take into consideration when assessing your application?</b></p>	
<p><b>Are you receiving continuing treatment for any of the above?</b></p>	
<p><b>Name and address of your GP</b></p>	<p>Postcode</p>
<p>The charity will wish to write to your GP asking him to complete a medical certificate. By completing this form you are authorising your GP to provide us with medical information about you.</p>	
<p><b>Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?</b></p>	<p>Yes / No</p>
<p><b>If 'yes', please provide details</b></p>	

**Section 7 – References**

Please give the names and address of two responsible people (not relatives) who know you well and whom the charity may approach for a reference	
<b>1.</b>	<b>2</b>
<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Post Code</b>	<b>Post Code</b>

**Section 8 – Declaration**

Please tick to confirm the following statements and sign your agreement below.

I **confirm** that:

I have read the charity's Conditions of Entry and believe that I am eligible to apply to live in one of the charity's almshouses.

I am over 50 years of age.

I am able to live independently and look myself.

I have been living in the City of Worcester and areas of Herefordshire for the two years immediately preceding this application.

I am able to prove that I have need of the charitable assistance of the almshouse accommodation provided by the Trustees of St Oswald's Hospital.

I agree to take an active part in the life of the community at St Oswald's Hospital, including attending chapel (normally twice a week).

I accept that if I am appointed as a resident, I shall be a beneficiary of the charity and not a tenant. Any monthly sum that I pay will be a maintenance contribution and not a rent.

I declare that the information given in this application is correct and complete to the best of my knowledge and belief.

<b>Signature</b>	
<b>Name</b>  PLEASE PRINT NAME IN CAPITAL LETTERS	
<b>Date</b>	

**Data Protection Statement:** it is part of the trustee's responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouse appointment or your care management will be held on file. Some details may be checked with relevant organisations but none will be disclosed for any inappropriate purpose. You may have access to your personal information on request.





**Please return your completed application to:**

**THE STEWARD  
ST OSWALD'S HOSPITAL  
THE TYTHING  
WORCESTER  
WR1 1HR**

**Email: [matthewhall@worcestercathedral.org.uk](mailto:matthewhall@worcestercathedral.org.uk)**