

HEREFORDSHIRE COUNCIL TRAVELLERS' SITE APPLICATION FORM

Applicant			T 2		T=	T
Mr/Mrs/Miss	Forename		Surname	Sex	Date of Birth	NI Number
	(Where appro	priate)				
Mr/Mrs/Miss	Forename		Surname	Sex	Date of Birth	NI Number
Address						
Address						
Telephone Nun	nber					
-						
Family (all those Full Name			h with applicant) Date of Birth	Polationshi	p to applicant	
Full Name		Sex	Date of Birtii	Relationsin	р то аррисанс	
		+				
Oction 0						
	Families Curr	ently acc	ommodated on a	Herefordshire	Council Site	
Relationship to	family connection	on (i.e. par	ommodated on a	r, etc.)		
Relationship to	family connection			r, etc.)	Council Site	
Please indicate	family connection	on (i.e. par	ent, sister, brother	r, etc.)		
Relationship to Please indicate	family connection	on (i.e. par	ent, sister, brother	r, etc.)		
Relationship to Please indicate	family connection	on (i.e. par	ent, sister, brother	r, etc.)		

Section 3

Previous Tenancies, Licences, Stopping Places

Please give address/location for the past five years, if roadside please give Village/Town/County.

Location/Address	From	То

Section 4

Previous Local Authority Tenancies

Council	Date	Length of Tenancy	Comments

Section 5

YES/NO

If yes, please note any medical special Family & Educational factors (including pregnancies) you feel should be taken into consideration. Applicant or member of household needs regular outpatient hospital treatment for a life threatening complaint Applicant or member of household needs attends regular outpatient hospital or doctors appointments Applicant or member of household needs to live in proximity with a doctors surgery and/or pharmacy Applicant or member of household is pregnant Other reasons (please specify) Applicants family contains persons over the age of 60 years Applicants family contains children with special educational needs Please detail below any Medical; Special Family & Educational Needs you wish to be taken into consideration Name Date of Birth Details Sex

Curren	t Acc	comm	odation

Current Accommodation							
Roadside	Field or Common	Private	Site	Housing	Council Si	te	Other
Current Facilities	<u> </u> S						
Access to Water	Access to Showers / Washing Facilities	Acces toilet fac		Access to Electricity (mains or generator)	Access to Laundry Facilities		Other
Please detail current facilities							
Have you received a Court Eviction Order for you current accommodation (please delete if applicable					ase delete if not		
	Have you received a Notice Seeking Possession, Notice to Quit or other notice of possession proceedings (please detail below) Yes / No Please delete if no applicable					ase delete if not	
Reason for Appl	ication	F	Please d	ive example wher	e applicable		
Returning to Herefordshire to Work							
To join family members on a particular site							
To provide support or care to a family member							
To receive support or care from a family member							
For reasons of personal safety							
Other Reasons							

Section 6

Site Requested and Caravan Size

Please indicate site name and address and order of preference (you will not be considered for any site not listed)

Site Name		Area		
(a)				
(b)				
(c)				
<u> </u>				
Caravan Size		Please check if offered a Pitch the Number of caravans that can be accommodated (maximum of two		
(1)		caravans)		
(2)				
vehicles)	caravans may restrict veh	nicles allowed on the Pitch (maximum two		
Number of type of vehicles		Pets		
(1)				
	d not be allowed to roam a	ept on the site without the written approval of nd be restricted to Licensees individual Pitch		
understand and agree that the Herefo	ordshire Council may approche completion of this applic by the Council's proper Off	Date		
App. Date	Rev Date	Pts		
App. No.	Rev No	Acc		
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Please return this application form to:

The Gypsy and Traveller Officer Environmental Health and Trading Standards PO Box 233 HEREFORD, HR1 2ZF