**Supported Accommodation**

**Supported Standard Contract**

**Temporary Exclusion Review Form**

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| Section 1: Name of Landlord / Provider: |  |
| Section 2: Contract-Holder(s) Details |
| Contract-Holder 1 | Forename: |
| Middle Name(s): |
| Title: | Surname: |
| Telephone:  |
| Date of Birth:  |  |  |  |  |  | Date of commencement of supported standard contract:  |
| Contract-Holder 2(if applicable) Repeat on separate sheet for any additional contract-holders | Forename: |
| Middle Name(s): |
| Title: | Surname: |
| Telephone:  |
| Date of Birth:  |  |  |  |  |  | Date of commencement of supported standard contract:  |
| Relationship to contract-holder 1: |  |
| If more than one contract-holder: were all contract-holders excluded? If not, please explain why. |  |
| Please complete this section if the excluded person(s) has dependent(s) ie children. Please provide name and age of all dependent(s) and record where they were placed when the exclusion occurred.  |  |

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| Section 3: Temporary Exclusion Details |
| Date(s) and duration of exclusion (in hours) |  |
| Reasons for exclusion and any measures taken to address the situation prior to exclusion Date the written notice was issued  |  |
| Date the local authority Housing Support Team and Homelessness Advice Team were notified of the exclusion |  |
| Details of what homelessness prevention advice or information was provided to the contract-holder |  |
| Details of other measures taken to avoid street homelessness |  |
| Date(s) of any previous exclusions in the last 6 months | Exclusion 1:Exclusion 2: |
| Summary of implementation measures (and their effectiveness) from previous lessons learned review(s) (if applicable) with contract-holder. |  |
| Details of exclusion decision maker | Title and full name:  |
| Position/level of seniority:  |
| Decision approved by (Name, position and level of seniority): |

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| Section 4: Review |
| Record all relevant evidence of the review in this section (use additional sheet if necessary).Refer to section 6.5 of the accompanying guidance document in particular. Sections 6.6 – 6.10 also contain useful information. |  |

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| Section 5: Contract-Holder Evidence  |
| Was the contract-holder offered an advocate to attend the review meeting? (Y/N)Record details of specific advocacy services the contract-holder was referred to here. |  |
| Use this section to record any oral or written evidence presented by the excluded contract-holder(s) or their advocate/representative (use additional sheet if necessary).  |  |

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| Section 6: Review Participants |
| Details of participants of the review meeting  | Full name:Organisation:Position:Signature: |
| Full name:Organisation:Position:Signature: |
| Full name:Organisation:Position:Signature: |
| Full name:Organisation:Position:Signature: |
| Full name:Organisation:Position:Signature: |
| If applicable:Name and signature of contract-holder(s):Name and signature of advocate/third party: |

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| Section 7: Equality and Diversity MonitoringThe following fields are protected characteristics under the Equality Act 2010. Please ask the contract-holder to complete this section directly if they would prefer. The contract-holder can also record “prefer not to say” against any of the entries. (Repeat on separate sheet for any additional contract-holders) |
| Contract-holder 1Gender (male/female):Is gender same as assigned at birth? (Y/N):Ethnicity:Nationality: Age:Married or in civil partnership? (Y/N): Pregnant or on maternity leave? (Y/N):Sexual orientation? (Straight, bisexual, gay/lesbian):Disability/health condition:Religion or belief (if known):  | Contract-holder 2Gender (male/female):Is gender same as assigned at birth? (Y/N):Ethnicity:Nationality: Age:Married or in civil partnership? (Y/N): Pregnant or on maternity leave? (Y/N):Sexual orientation? (Straight, bisexual, gay/lesbian):Disability/health condition:Religion or belief (if known):  |

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| Section 8: Good Practice  |
| The landlord should use this section to provide details of whether the temporary exclusion policy or practices have been changed or updated as a result of the review  |  |

Copies of this form, or a summary version as agreed with the local authority, must be filed with the contract-holder’s support plan and sent to the local authority’s Housing Support Team and Homelessness Advice Team within 7 days of the completion of the review. A copy should also be given to the contract-holder.

Date sent to local authority: …………………………………

Date issued to contract-holder: …………………………….

Date support plan updated: …………………………………