**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 Monitoring  The 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 1  Gender (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 2  Gender (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: …………………………………