

Gypsy and Traveller Services

Pitch Application Form

Please fill out all the question with as much detail as possible. If you find this form difficult to complete, we are happy to help you or if you prefer, you can ask a friend or someone else.

Hertfordshire County Council is against any form of unfair discrimination and have a legal duty to treat people who use our services fairly and to ensure we do not discriminate on grounds of race, gender or disability. However, it is not enough to say that we do not unfairly discriminate. We must be able to demonstrate fairness by taking active steps to collect information about employees and people who use our service.

Reference no. (Office) _____ Date of application _____

Mr/Mrs/Miss First Name: _____ Last Name: _____

Previous or other names: _____

D.O.B _____ Telephone no: _____ N.I number: _____

Single/married/Divorced/Separated/Widowed/Living together.

Name of spouse: _____

Is this a joint application? Y/N Name of joint applicant: _____

D.O.B _____

Current address: _____

Private Site Y/N	Council Site Y/N	Family Site Y/N	Transit Site Y/N
House Y/N	Share a plot Y/N	Roadside Hertfordshire (requires proof) Y/N	
Roadside outside Hertfordshire (requires proof) Y/N Other (please state) _____			

How long at this address: _____ If less than 5 years what was the previous address: _____

Why did you leave this address: _____

Have you applied to any other Council for a pitch? Y/N

If yes which Councils: _____

If no why not? _____

Where is your preferred site within Hertfordshire County Council?

3 Cherry Trees Y/N Barley Mow Y/N Dyes Lane Y/N
 Halfhide Lane Y/N Holwell Place Y/N Long Marston Y/N
 Sandy Lane Y/N Tolpits Lane Y/N Ver Meadows Y/N
 Watling Street Y/N

Have you lived on any of these sites before? Y/N If yes what date was this? _____

Were you born on any of these sites? Y/N If yes which one? _____

Do you have immediate family on any of the sites (e.g Parents, brother, sister) Y/N

If yes please complete below table

Name	Relationship to you	Site address

Are you a carer for any of the above family (proof needed) Y/N

Do you consider yourself to be:

English Gypsy Y/N Scottish Gypsy Y/N Welsh Gypsy Y/N
 Roma Gypsy Y/N Irish Traveller Y/N Scottish Traveller Y/N
 New Age Traveller Y/N Other (please specify) _____

Please supply information of everyone who will be moving in with you:

First name	Surname	Sex	Date of birth	Relationship to you	N.I number

Are you, or is anyone in your application pregnant? Y/N When is the baby due? _____

If yes, please give the name of the expectant mother: _____

Do you, or anyone included in this application have a disability and/or health problem? Y/N

If yes, please give details below (proof required):

Name of person	Mental/ Physical	Health Problem

Other information

You will be required to sign a pitch agreement if allocated a plot with Hertfordshire County Council, are you willing to do this? Y/N

Are there any welfare issues you would like us to consider? Y/N

If yes, please give details:

Is there anything more you would like to include in your application? Y/N

If yes, please give details:

Declaration (please answer these statements),

If you do not answer the statements your application cannot be processed.

If you choose to answer 'NO' your application cannot be processed.

I declare that the information I have given is correct and complete.	Y/N
I undertake to inform Hertfordshire County Council of any changes in my circumstances as soon as they take place.	Y/N
I understand that if I give any information that is false or incomplete, I am committing an offence, and that legal action may be taken to bring my tenancy to an end resulting in my eviction.	Y/N
I give permission for information to be disclosed to other parts of the Council and other organisations, including the police and probation authorities for verification, assessment and nomination purposes.	Y/N
I give permission for the Council to contact any social worker, probation officer, community Psychiatric nurse or other similar worker to discuss my application in order to assess my housing need.	Y/N
I give permission for the Council to make any enquiries necessary to verify and/or assess my housing application.	Y/N

Print name: _____ Date: _____

Signature: _____

If this is a joint application, both applicants must sign:

Print name of joint applicant: _____

Signature: _____