

# GUARDIANSHIP-TOGETHER FOR THE COMMUNITY

BY SUPPORT&MATCH CIC

## Guardian Application Form

Please complete all sections of this form

### ELEGIBILITY INFORMATION

### DATE OF REGISTRATION

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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You are 18 years or older:

You are willing to undertake a DBS check

Single or Couple

You are willing to undertake a credit check if required

You have a reliable source of funds:

You are able to provide a guarantor, only if required

You are not looking to use the property for business or public event. Residential use only.

You are willing to live with another individual by fully respecting their property, privacy and space

I have the right to live, study/work in the UK

### ABOUT YOU

Full Name:

Address:

Post Code:

Gender:

Date of Birth:

Tel Number:

Email Address:

Emergency Contact (This would be someone you are happy for us to contact for emergency):

Full Name:

Address:

Email:

Address:

**Number:**

SUPPORT&MATCH CIC REGISTERED IN ENGLAND&WALES

COMPANY NUMBER: 12623910

[WWW.SUPPORTMATCH.CO.UK](http://WWW.SUPPORTMATCH.CO.UK)

EMAIL: [INFO@SUPPORTMATCH.CO.UK](mailto:INFO@SUPPORTMATCH.CO.UK) TEL.: 0203  
6336066



**SUPPORTMATCH**

PGS by Support&Match CIC  
[www.Supportmatch.co.uk](http://www.Supportmatch.co.uk)

## ABOUT YOUR WORK OR STUDY:

**Job Title:**

**Work/Study**

**Hours:**

**Organisation/Trust**

**Integrated Care**

**System**

**Organisation Address:**

**Do you have any health needs? Including any allergies?**

**Do you have any special diet requirement ?**

**Are you happy to offer your help, if needed for about 3 hours per week? What kind of help can you provide?**

**Guarantor Details if applicable:  
Full Name: Email**

**Address: Tel.**

**Number: Email**

**Address:**

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## **GUARDIANSHIP-TOGETHER FOR THE COMMUNITY**

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### **FURTHER INFORMATION**

**Please Provide 2 referees**

**Full Name:**

**Telephone Number:**

**Email Address:**

**Relationship to you:**

#### **Referee 2**

**Full Name:**

**Telephone Number:**

**Email Address:**

**Relationship to you:**

**If my application is successful I agree to:**

**To respect and abide by the Support&Match CIC Licence Agreement**

**To pay a monthly licence fee payable by monthly standing order**

**For Support&Match CIC to record my personal data for office use only**

**For an enhanced DBS, Credit and Reference check to be conducted by Support&Match CIC**

**I confirm that I understand the above information, and that the information given is correct and that I have read, understood and accepted the Terms and Conditions.**

**Signature:**

**Date:**

Support&Match CIC registered  
England&Wales Company number: 12623910  
[WWW.SUPPORTMATCH.CO.UK](http://WWW.SUPPORTMATCH.CO.UK)

**EMAIL:** [INFO@SUPPORTMATCH.CO.UK](mailto:INFO@SUPPORTMATCH.CO.UK) **TEL.:** 0203 6336066

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