



UNIVERSITY of SUFFOLK

Application for Membership 2016/2017 Onwards

In accordance with the requirements of the 2016 Student Accommodation Accreditation Scheme - Code of Practice, landlords or landlords agents will be required to apply for membership of the Scheme prior to being able to propose accommodation for consideration for accreditation.

This application form should be completed, signed and submitted to the Student Accommodation Office if you wish to be considered for Scheme membership.

The completion and signing of this application form constitutes a formal agreement that the applicant will, should they be granted membership, adhere to and maintain the standards that are required and as specified within the Code of Practice. Any changes in circumstance or deviation from the specified standards may result in membership being withdrawn.

Data Protection

The information collected on this form will be stored on a computer system within University of Suffolk.

Any information you have supplied on this form will be made available to Ipswich Borough Council to enable them to perform further investigations to check the accuracy of the information.

Signing of this application will be taken as your agreement to any such action.

When you have completed this form and provided any supplementary information required, please send it to:

**David Green
Property Officer
University of Suffolk
Sir Thomas Slade Court
118 Star Lane
Ipswich
IP4 1JN**

If you are uncertain how to answer any of the questions contained within the application or uncertain as to how to obtain the supplementary information required, please contact:

David Green, Tel. 01473 338027 or email david.green1@uos.ac.uk

Part 1

Preliminary & General Information

General

Please answer each question unless directed elsewhere.

Please **circle** answers where appropriate.

If a question does not provide enough space for your answer, please continue your answer on a separate sheet of paper and mark the sheet with your name and the question number. Please make sure you enclose all additional sheets with your application.

Name of Applicant	Address of Applicant
	Post Code:
Contact Numbers of Applicant	Applying as Landlord or Landlords Agent?
Home: Work: Mobile: Email: Fax:	

Part 2

Management of Property

2.1.1 Do you employ a manager to manage the individual accommodation under your control?

Yes No

If **yes**, please provide the manager's details:

Type of manager: (please circle)

Individual Company Partnership Trustee Charity

Other

2.2 Are managers that you employ members of any regulated body?

Yes No

If **yes**, please state which one

Part 3

Relevant Information

Fit and Proper Person

The University of Suffolk must have regard to evidence, which shows that the proposed accreditation holder and/or manager of the house are fit and proper persons.

3.1 Please confirm, as a prospective member of the Scheme, whether you and/or any accommodation managers under your control and that you propose to use to manage any property later accredited, have:

3.11 Committed an offence involving :

Fraud	Yes	No
Dishonesty	Yes	No
Violence	Yes	No
Drugs	Yes	No
Sexual Offences Act (Schedule 3)	Yes	No

3.12

Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.	Yes	No
--	-----	----

3.13 Contravened any provisions of any enactment relating to housing, landlord and tenant law, public health or environmental health, which led to civil or criminal proceedings resulting in a judgement being made against them. In particular, within the last five years, in any part of the United Kingdom:

Subject to a control order	Yes	No
Subject to proceedings by a Local Authority	Yes	No
Where the Local Authority has had to carry out works in default, i.e. carried out works and charged the landlord	Yes	No
Subject to a management order under the Act	Yes	No
Been refused an HMO licence or breached conditions of such a licence	Yes	No

3.2 Please indicate which of the above, if any, apply to the proposed accreditation holder or manager, giving details including, where appropriate, the Borough concerned (continue on separate sheet if necessary)

--

Part 4

Declaration

I/we declare that the information contained in this application is correct to the best of my/our knowledge		
Print Name	Signature	Date