



## St Scholastica's Retreat

### A BIT OF BACKGROUND

St Scholastica's Retreat is an almshouse that provides sheltered housing for Catholics. It was founded by Elizabeth Harrison in 1861 in Clapton, in the East End of London, and the first residents were appointed in 1862. The Trust continues to follow in the footsteps of the foundress in providing accommodation for Catholics, who can live independently, who are 60 years or over, and who have limited financial means.

St Scholastica's moved to Princes Risborough in 1972, to provide more modern amenities than could be made available in the original buildings. The present Retreat is made up of 36 self-contained flats, on ground or first floors, in detached blocks of two or four. Each flat has its own private front door to the outside and a bin store. Inside, they have a living room, a double bedroom, a kitchen and a bathroom with shower. The Lord William Tylour building has a large and attractive lounge, which is used for a variety of social activities organized by the residents themselves (there is a regular Friday Coffee Morning); it also has Kitchen and laundry facilities and a Guest Room that has twin beds and an ensuite bathroom.

### WHAT WILL IT COST ME?

Residents pay a monthly contribution towards the maintenance of the almshouse (£579.67 per month from 1<sup>st</sup> April 2022). Residents also pay their own electricity (there is no gas supply) and phone bills and council tax (to Buckinghamshire County Council – 2022/23: £1,627.32 – this figure would be reduced by 25% for single occupancy). The Maintenance Contribution and Council Tax may both qualify for Housing Benefit if the applicant meets the relevant conditions. Both the Warden and Deputy Warden live on site and someone is on call 24 hours a day.

## HOW TO GET MORE INFORMATION

Online at: [www.stscholasticas.co.uk](http://www.stscholasticas.co.uk)

The Warden will be very happy to help in any way he can via:

Email at: [info@stscholasticas.co.uk](mailto:info@stscholasticas.co.uk)

Phone: 01844 344437

Post: St Scholastica's Retreat  
27 The Retreat  
Princes Risborough  
HP27 0JG

## HOW TO APPLY

**Step 1** – please complete pages 1 to 10 of the Application Form – including the GP and Parish Priest Authorisations – and send them back to us at the Office.

Applications from married couples require separate forms for both spouses.

Please note that the information requested in the form is necessary to help us assess whether or not you meet the main criteria for residency laid down in the Charity Commission Scheme that governs the Trust so please complete the form as fully as you can. If you are at all unsure what is being asked for or have a question, please call the Warden on 01844 344437 who will be happy to help.

**Step 2** – when we receive your application, if it appears to meet the Trust's basic criteria, the Trustees will write to your GP and Parish Priest to ask for the "Certificates" to be completed. When they have been returned, you will be invited to visit the Retreat to have a look round and to meet with the Trustees of the Applicant Sub-Committee for an informal interview to discuss your application. Your visit and interview are intended to give you the opportunity to ask questions and gain a clearer idea of what the Retreat is like and whether you would like to live here, and to give the Trustees a chance to meet with you and discuss your application.

**Step 3** – If your application has been successful your name will be placed on our waiting list of approved applicants.

When a flat falls vacant the Trustees will review the waiting list and offer the flat to the one who, in their opinion, is in greatest need.

**“GP’s Certificate”**

[Name of Applicant..... Date of Birth .....]

This form relates to the above person’s application to St Scholastica’s Retreat (Charity No: 203583) that provides accommodation for persons who are able to live independently. The Charity provides residents purely with a dwelling to live in: although there is a Warden, the Charity does not provide any personal care or assistance with the activities of daily living. The Charity would be extremely grateful if you could assist us by completing this form.

**Please tick the statements below as appropriate**, on the basis of the medical information about the person which is available to you.

|                                   |   |
|-----------------------------------|---|
| <b>Place tick in this column:</b> |   |
|                                   | <b>A.</b> The person named above is capable of independent living as at the date of signing this form.  |
|                                   | <b>B.</b> There is no reason other than the normal aging process to suspect that the person might cease to be capable of independent living in the future.  |
|                                   | <b>C.</b> The person has no history of hoarding behaviour, neglect of their living accommodation to the point of squalor, or self-neglect.  |
|                                   | <b>D.</b> The person does not suffer from any chronic medical conditions which are likely to have a significant impact in the foreseeable future on his or her ability to live independently and carry out normal activities of daily living. |
|                                   | <b>E.</b> I <b>do not</b> feel able to tick <b>all</b> of the statements above, and my reasons are as follows (please insert reasons here):   |

Doctor’s signature: ..... Date of signature: .....

Doctor’s Name (Block Capitals): .....

**Please affix Practice stamp:**

Parish Priest's Certificate

[Name of Applicant.....]

has been known to me for ..... years.

I confirm that he/she is a Catholic.

Signature of Parish Priest: .....

Date:.....

Other comments, if applicable

.....  
.....  
.....  
.....  
.....  
.....

Name and Address of Parish Priest:

.....  
.....  
.....  
.....Post Code .....

Telephone No .....

Please affix Parish stamp

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**ST SCHOLASTICA'S RETREAT**

Registered Charity No 203583

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**St Scholastica's Retreat (the 'Charity') is an almshouse that provides housing for Roman Catholics in need of financial assistance who are aged 60 years or over**

**Data Protection Statement:** it is part of the Trustees' responsibilities to ensure that applicants for almshouses are suitably qualified under the terms of the Charity's governing document. Trustees, therefore, need to investigate the personal circumstances of applicants. The personal data supplied on this form and other information relating to an almshouse appointment will be held on file. **Some details may be checked with relevant organisations since the Charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your personal information on request.

**APPLICATION FORM**

**(Please complete in black biro or black ink)**

*Applications from married couples: husband and wife should complete forms individually.*

**Section 1 – About You**

Full Name..... Mr/Mrs/Miss/Ms

Maiden Name/Other surnames used .....

Current Address .....

.....

..... Post Code .....

Telephone No ..... Mobile Number .....

Email: .....

Length of time at this address..... Council Tax Band .....

National Insurance Number: .....

Date of Birth ..... Age ..... Marital status .....

Are you a Roman Catholic? ..... Where and when were you baptised/received into the Church?

.....

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The Charity will wish to write to your Parish Priest asking him to complete a "Parish Priest's Certificate" (see enclosed example) to enable your application to be considered further: **please sign and return the form on page 10 in which you authorise your Parish Priest to do this.**

**Employment History:** Please give details of any occupations you have followed and for how long. Any present occupations should be included:

.....  
.....  
.....  
.....  
.....  
.....

**Rights to UK Residence & Benefits**

What is your Nationality/Citizenship? .....

Are you eligible to claim benefits in the UK? .....

Apart from holidays, have you lived in the UK for the whole of the last year?

YES/NO

**Section 2 – About your next of kin**

Next of Kin .....

Relationship .....

Address .....

.....

.....

..... Post Code .....

Telephone No ..... Mobile Number .....

**Section 3 – About your present home**

Type of accommodation (e.g. 3 bedroom house, 2 room flat):

.....

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Do you, or your spouse, own, part-own or have any other financial interest in the home where you live at present? Yes/No

If 'YES', what is its present estimated value? £ .....

- Is there a mortgage outstanding on the property and, if so, how much is outstanding? (If there is no mortgage, please write NONE) £ .....
- What would your share of the proceeds be if you sold your home? £ .....
- Any other information relevant to the basis or value of your ownership or interest in the property  
.....
- What are your intentions regarding your current property if you are appointed to an almshouse?  
.....

If you do not own the property where you currently live, who does own this property? .....

Is this person related to you in any way? YES/NO

If 'YES' what is the relationship?  
.....

If rented, please give name and address of landlord:  
.....  
.....  
..... Post Code.....

Current rent £.....per week/month

Do you receive Housing Benefit? Yes/No

Do you receive Council Tax Benefit? Yes/No

Why do you wish/need to leave your present accommodation?  
.....  
.....  
.....  
.....  
.....  
.....

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If you or your partner own property other than the one in which you live, please give details below. This should include property owned abroad as well as in the UK:

Address and current value .....

.....

.....

Have you lived at your current address for the past 5 years? YES/NO

If 'NO', please list where you have lived during the past five years and for how long at each address

.....

.....

.....

.....

.....

**Section 4 – Your Income**

To enable the trustees to assess your application, please provide the following information. This should include details of all sources of income and state how regularly you receive them, e.g. weekly, monthly or annually:

| INCOME   | AMOUNT | FREQUENCY |
|--|--------|-----------|
| Pensions   |        |           |
| State retirement pension   |        |           |
| Pension paid by a past employer  |        |           |
| Private pension  |        |           |
| Widow's pension  |        |           |
| Social Security Benefit  |        |           |
| Pension Credit   |        |           |
| Attendance Allowance   |        |           |
| Any other benefits   |        |           |
| Employment or Self-Employment<br>Please explain type of employment and hours of work.<br>You may be required to provide evidence of earnings such as payslips or proof of earnings (if self-employed). |        |           |
| Other Income   |        |           |
| Annuities  |        |           |
| Bank Deposit Account   |        |           |



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|   |  |  |
|---|--|--|
| Building Society Account                    |  |  |
| Investment                                  |  |  |
| Renting property or land that you own       |  |  |
| Grants from a Charity                       |  |  |
| Financial assistance from a relative/friend |  |  |
| From a trust fund                           |  |  |
| Any other income – please give details      |  |  |

**Section 5 – Your Capital**

| Savings/Investments                     | Current Balance(s)/Values: |
|---|----------------------------|
| Bank account(s)                         |                            |
| Building Society account(s)             |                            |
| Shares                                  |                            |
| National Savings Certificate(s)         |                            |
| Unit Trusts                             |                            |
| Premium Bonds                           |                            |
| Any other savings/investments e.g. ISAs |                            |

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**Section 6 – About your Health and Social Factors**

Are you able and willing to look after yourself and your accommodation?.....

Please give details of any significant illnesses – mental or physical, injuries or operations during the last five years

.....  
.....  
.....  
.....  
.....

Are you currently receiving treatment for any illness – mental or physical?

YES/NO

If 'YES', please give details below:

.....  
.....  
.....  
.....  
.....

Are there any other health or social factors that you would wish the trustees to take into consideration when assessing your application? YES/NO

If 'YES', please give details below:

.....  
.....  
.....  
.....  
.....

The Charity will wish to write to your GP asking her/him to complete a “GP’s Certificate” (see enclosed example) to enable your application to be considered further. If you are appointed as a resident and, at a later date, trustees become concerned about your health and/or your ability to continue to live independently they may need to obtain a further medical report. **Please sign and return the enclosed form on page 9 in which you authorise your GP to provide us with medical information about you either now or in the future.**

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Name and address of your GP:

.....  
.....  
.....  
..... Post Code .....

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? YES / NO

If 'YES', please provide details:

.....  
.....  
.....  
.....  
.....

Name and address of your Parish Priest:

.....  
.....  
.....  
..... Post Code .....

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**Section 7 – Declaration**

I declare that the information given in this application is correct and complete to the best of my knowledge and belief. **I understand that the Trustees would be entitled to terminate any appointment to an almshouse dwelling I may be given as a result of this application, if my answers in this application form are untrue, or misleading in any respect (for example, due to omitting or misstating relevant facts).**

I accept that if I am appointed as a resident I shall be a beneficiary of the Charity and not a tenant. Any monthly sum I pay will be a maintenance contribution and not a rent.

I confirm that I am able to look after myself and to live independently, with the assistance of family and/or social services if necessary.

I consent to my GP or other medical attendant providing the Charity with a medical certificate or report about my health and condition now or at a future date in accordance with the terms of the attached form of authority.

I consent to my Parish Priest completing the “Parish Priest’s Certificate”

I consent to the Charity holding personal data on this form in accordance with Data Protection Law and St Scholastica’s Retreat’s Data Protection Policy.

I agree that the Charity may contact me by: (Please tick as appropriate.)

email                       post                       telephone

Signature: ..... Date: .....

Name: .....

(PLEASE PRINT NAME IN CAPITAL LETTERS)

Please return your completed application to:

Clerk to the Trustees  
St Scholastica’s Retreat  
27 The Retreat  
Princes Risborough  
HP27 0JG

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Registered Charity No 203583

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**GP Authorisation Form**

I [full name in capitals] .....

whose date of birth is .....

of [address]:

.....  
.....  
.....  
..... Post Code .....

Authorise my GP for the time being and all my other medical advisors for the time being to provide information about my health and any aspect of my medical condition upon request to The Trustees – or their representative – of St Scholastica's Retreat (Registered Charity No 203583) ("the Charity"), both in connection with any application I make to become a resident of almshouses provided by the Charity and at any time thereafter until I have ceased to live in the property provided by the Charity.

Signature: ..... Date: .....

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**Parish Priest Authorisation Form**

I [full name in capitals] .....

of [address]:

.....  
.....  
.....  
..... Post Code .....

Authorise my Parish Priest to complete the "Parish Priest's Certificate" upon request of The Trustees – or their representative – of St Scholastica's Retreat (Registered Charity No 203583) ("the Charity"), in connection with an application I am making to become a resident of almshouses provided by the Charity.

Signature: ..... Date: .....