PETERBOROUGH CITY COUNCIL

ENQUIRY FORM FOR ASSESSMENT FOR IMMIGRATION

Full names of Enquirer	
Telephone Number	
Date of Birth	
Gender	
Full names of immigrant	
Date of Birth	
Gender	
State relationship to enquirer	
Address at which immigrant will reside and which is to be assessed	
Name of property owner	

List all names of all persons resident in the property including name of enquirer:

Name	Date of Birth	Gender	Relationship to immigrant

There is a fee of £138.00 and payment can be made as follows:

Online

Payment can be made via the following Link:

www.peterborough.gov.uk/pay/AFI

We do not accept payment by American Express

On receipt of all the documents, an Officer will contact you to arrange the inspection

By Telephone

Payment may be made over the telephone by using a credit or debit card, please contact Business Support on 01733 747474. (Option 6) Quote code PA3351 A30140

By Post

Cheques should be made payable to Peterborough City Council, crossed and sent to Sand Martin House, Bittern Way, Peterborough, PE2 8TY. Post-dated cheques will not be accepted (Receipts will not be issued unless specifically requested).

Peterborough City Council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the council will be processed in compliance with the eight principles of the Act. Information you have provided may be shared with other public sector organisations for the prevention and detection of fraud.

Further information relating to your rights under the Data Protection Act will be sent to you on request.

Equality of opportunity monitoring information

Peterborough City Council is committed to EQUAL OPPORTUNITY for all users of Council services. In order to monitor the City Council's Services, it is necessary to ensure that all members of the public making a complaint or request for service receive fair and equal treatment irrespective of ethnic origin, nationality, gender or disability. This information is kept in the strictest confidence and will not be used for any decision making.

My Nationality is….....

Gender:.....

Age:.....

Do you consider yourself to have a disability? **YES / NO**

If yes, in what way:

	Please tick		Please tick
Visually imparted		Learning difficulties	
Hearing impaired		Communication difficulties	
Mobile difficulties		Mental health problems	
Other (please specify)			

If you are disabled what type of assistance you would need to access this service:

	Please tick		Please tick
Sign Language Interpreters		Information on braille or large print	
Induction loop		Wheelchair access	
Information on audio tape			
Other (please specify)			

Full names of enquirer:……..…….

Enquirer's Address ……..……

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