**Appendix 1**

**Healthy by design: the Healthy New Towns Network**

***Application Form***

The application process to become a member of the Healthy New Towns Network is open to housing developers and housing associations. Please complete the application form in its entirety and return to england.healthynewtowns@nhs.net by **Wednesday 28th February**.

As part of your application, **please provide us with your latest annual report.** This can be included either as an attachment, or via hyperlink in the ‘Supporting Information’ section of this application form.

The Healthy New Towns programme intends to work only with developers and housing associations that are committed to this agenda and are willing to take progressive action to improve the health and wellbeing of their customers and future residents. In assessing applications from developers and housing associations, we will be looking for the following:

1. Clear and demonstrable track record in delivering high quality homes and places
2. Ability and capacity to take proactive steps to ensure the health and wellbeing of customers and residents in current and future developments
3. Commitment to membership requirements at board level – at least in principle, indicated within the application form
4. Willingness to work openly and transparently with NHS England

These criteria will be used to assess applications in parallel with the quality and detail of responses in applications. We’ll also consider these criteria on an ongoing basis, the HNTs programme reserve the right to remove network membership from developers or housing associations.

If you have any questions or concerns on anything within the prospectus or the application form, please email england.healthynewtowns@nhs.net

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| 1. **Name of organisation:**
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| 1. **Please tell us about your organisation.**

*Indicate size and type of organisation, general location of operation, specialist housing, core values, etc.*  *(250 words max)*  |
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| 1. **Please use the table below to provide information on your completions achieved in 2016/17 and 2017/18. Please note that all information provided will be kept confidential.**

 *(If you have achieved more than 20 developments in this time, please give a representative sample)* |
| **Development and date of completion** | **Location** | **Unit type** | **Total no. homes** | **No. private sale** | **No. market rent** | **No. affordable rent** | **No. social rent** | **Please list any awards/ accreditations achieved** | **Average sale price** | **Average market rental price** |
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| 1. **Please use the table below to provide information on your planned completions for 2018/19 and 2019/20. Please note that all information provided will be kept confidential.**

 *(If you have more than 20 developments planned for this time, please give a representative sample)* |
| **Development and date of start** | **Location** | **Unit type** | **Total no. homes** | **No. private sale** | **No. market rent** | **No. affordable rent** | **No. social rent** | **Please list any awards/ accreditations achieved** | **Average sale price** | **Average market rental price** |
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| 1. **Please tell us how your past and future developments support health and wellbeing, using examples where necessary. Please take into account factors such as physical activity, social connections, safe streets and access to green space.**

 *(500 words max)* |
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| 1. **Briefly summarise how you evaluate the success of the places and homes you deliver.**

 *(250 words max)* |
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| 1. **Briefly explain what your organisation can offer to the Healthy New Towns network and programme. What opportunities do you see for collaboration on areas such as sharing data, undertaking research, testing new approaches and implementing Healthy New Towns principles?**

 *(500 words max)* |
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| 1. **Supporting information**

 Please provide any further information you would like to share to support your application to the network. |
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| 1. **The Healthy New Towns programme plans to develop a Memorandum of Understanding (MoU) setting out the principles of the Healthy New Towns Network. In line with the goals of the Network, this MoU will be coproduced with all members of the Network. Please refer to Section 2.5 of the Prospectus for more information.**

**Please indicate (by ticking the box below) if you are willing in principle to sign a MoU agreeing to the principles of network membership.** |
| We are willing in principle to sign a Memorandum of Understanding (MoU) agreeing to the principles of the Healthy New Towns Network: |

**In order to confirm that there is commitment to network membership at board level, we request a signature from a board member:**

Signature of Board member/Trustee: ……………………………………………

Name (Block Capitals): ……………………………………………

Job Title: ……………………………………………

Date: ……………………………………………

**By signing below, you are confirming that you are the nominated contact at your organisation for your application to the Healthy New Towns Network.**

Signature: ……………………………………………

Name (Block Capitals): ……………………………………………

Job Title: ……………………………………………

Date: ……………………………………………

Email: ……………………………………………

For and on behalf of: …………………………………. (company name)