

Application Form

Residential Rehabilitation

Name

Date of birth

Present address

.....

.....

Tel. no.

Nationality

Religion

Gender

N.I. number

Marital status

Married Single Separated

Widowed Divorced Living with a partner

How many children do you have?

What are their ages?

Name and address of next of kin

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Relationship to you

Any legal actions outstanding

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Details of last conviction/sentence

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Details of previous convictions.....

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Details of probation orders.....

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Probation officer details

Name

Address

.....

Tel no.

Have you been in rehabilitation before? Yes No

If 'Yes' Where

.....

.....

When

Which project are you applying for?

- Kenward House
- Kenward Barn
- Naomi (women only)
- Malthouse (2nd Stage)
- Move On houses
- Don't know

What do you hope to achieve during your stay?

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Do you consider yourself to have problems with:

- Alcohol
- Drugs
- Both

Have you ever suffered from:

- Hepatitis Yes No
- H.I.V. Yes No
- Epilepsy Yes No
- T.B. Yes No

Mental health difficulties Yes No

Please specify

Are you presently taking medication Yes No

If 'Yes', what do you take:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....

Have you had or are you having any psychiatric treatment:

Yes No

If 'Yes' Where

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When

What for

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Name and address of referring agency

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Tel no.

Date vacancy required

Have you been formally assessed

as needing residential rehabilitation?: Yes No

Date of assessment

By whom (name and address)

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Has funding been agreed?

Yes No

Funding agency details

Name

Address

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Tel no.

Other comments

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In signing this application, you are also giving permission for us to approach funding authorities, your medical practitioner and probation officer, to progress your application, if appropriate.

Signature

Date

For assistance in completing this form, please call Admissions on 01622 816086.