

For Office Use: Date Received:	Doctors Letter Sent:	Interview Date:
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Teen Challenge UK
HOPE HOUSE



Resident Application Form

Hope House, 6 Church Road, Gorslas, Llanelli, Carmarthenshire
SA14 7NF Tel: 01269 844114 Fax: 01269 833168

Name: _____

Present Address: _____

Phone Number: _____

D.O.B.: _____ Nationality: _____

Birthplace: _____

Contact Name: _____

Address: _____

Contact Relationship: _____

Phone Number: _____

Mobile Phone: _____

Accommodation: Alone Spouse Parents Friends Other: _____

Accommodation - Do you own your home? No Yes Are you are council tenant? No Yes

Are you a private tenant? No Yes Other: _____

Marital Status: Single Married Separated Divorced Widowed

Number and ages of Children _____

Are you currently employed? No Yes If yes, with whom? _____

N.I. No.: _____ Benefits Claimed: _____

Substance Misuse History

Type of Drug	Age of 1st use	Age of last use	Frequency of use	Dosage	Route of admin
Alcohol					
Amphetamines					
Barbituates/Downers					
Cocaine/Crack					
Ecstasy					
Heroin					
Cannabis					
Methadone					
Tobacco					
Other:					

What is the primary substance you are now using? _____

How much do you spend daily on drugs? _____

Please summarise your employment history: _____

Please summarise your educational history: _____

Have you ever breached the terms of a tenancy for which there were statutory grounds for possession, or breached the terms of a mortgage? No Yes

If yes, please give details: _____

Have you ever committed acts of physical violence against staff or other residents in a place where you were living? Yes No

If yes, please give details: _____

GENERAL HEALTH

Height: _____ Weight: _____

How would you describe your present health? Excellent/ Good/ Fair/ Poor

Are you taking any prescribed medication? If yes, list medication and dosage

Do you have a physical impairment, chronic disease or any other disability?

Do you require assistance with activities of daily life as a result of this impairment? (e.g. mobility problems/visual impairment or hearing difficulties) _____

Have you ever had an Eating disorder? Yes No If yes, Anorexia Bulimia

Are you still suffering from an eating disorder? Yes No If yes, please give details:

Have you ever seen a psychiatrist? Yes No

Have you ever experienced mental or emotional health problems? Yes No

If yes, please give details _____

Have you ever spent time in hospital as a result of your mental health problems? Yes No

If yes, please give details: _____

Do you have a criminal record? Yes No

Please give details of any criminal convictions: _____

Have you spent any time in prison? Yes No

If yes, how long? _____

Do you have any outstanding warrants? Yes No

Do you have any outstanding court appearances? Yes No

If yes, please give details (including dates) _____

Have you ever been prosecuted for a violent offence? Yes No

Have you ever been prosecuted for arson? Yes No

Are you subject to any form of statutory supervision or probation? Yes No

If you have children, who will care for them if you come into Hope House?

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Have you ever been in a Teen Challenge programme before? ? Yes No

If yes, when: _____ and which centre: _____

Do you have any outstanding financial commitments e.g. bills or fines? Yes No

If yes, please give details _____

Please put in your own words why you want to come to Hope House?

References

Please give the name and address of two referees e.g. a doctor, drugs worker, church worker, pastor or social worker who have known you for more than 6 months

- 1) Name: _____
Address: _____

Profession: _____ Tel No.: _____
- 2) Name: _____
Address: _____

Profession: _____ Tel No.: _____

Declaration

I give Teen Challenge permission to act on my behalf regarding my benefits and acquire any information concerning my medical history from my doctor throughout the duration of the programme.

I have completed this application form truthfully and to the best of my knowledge. **I understand that any misleading information could jeopardise my entrance into the programme or my remaining on it.**

Print Name: _____ Date: _____

Signature: _____

Please send your completed form to:
Hope House
6 Church Road
Gorslas
Llanelli
Carmarthenshire
SA14 7NF
Tel: 01269 844114 Fax: 01269 833168

Registered Charity No. 298900

CONSENT FORM

In order to make a decision about your admission to Teen Challenge it may be necessary to contact workers or agencies that have been involved with you. We will only contact people with your permission and any information received will be treated as confidential.

It should be remembered, however, that to process your application you must complete **all the information** requested on this form. Your application might be held up if we are unable to liase with other workers. To complete your application it may be necessary to share information given during your assessment with other relevant services.

I, _____, D.O.B _____,

Of (present address) _____

give my consent for staff from **Teen Challenge** to obtain written and/or verbal information about me from the following people for the purpose of assisting in my assessment with **Teen Challenge**.

Probation Officer, _____

G.P's Name _____

G,P's Address _____

_____ Post Code _____

Tel. No. (please include code) _____

Drug Worker _____

Psychiatrist _____

Social Worker _____

Clients Signature _____

Date _____