

Date Received: _____	Doctors Letter Sent: _____	Interview Date: _____
----------------------	----------------------------	-----------------------



***Freedom from Addiction
Programme Application Form***

This information will be kept confidential

Name: _____	Contact Name: _____
Present Address: _____ _____	Address: _____ _____
Phone Number: _____	Contact Relationship: _____
DOB: _____ Nationality: _____	Phone Number(s): _____
Birthplace: _____	_____

Accommodation: Alone Spouse Parents Friends Other: _____

Do you own a house or flat? No Yes Are you are council tenant? No Yes

Marital Status: Single Married Separated Divorced Widowed

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

NINO: _____ Benefits Claimed: _____

Please summarise your employment history: _____

Do you smoke? No Yes If yes, how many per day? _____

Do you drink? No Yes If yes, amount per day? _____ Type of Alcohol: _____

Do you use drugs? No Yes If yes, what is your primary drug: _____

Daily Amount: _____ Age Started: _____ Prescribed: No Yes

Other drugs used: Amphetamines Cannabis Crack Cocaine Ecstasy LSD Heroin
Methadone Temazepam Other: _____

Do you require a medical detox? No Yes

Have you been diagnosed with: ADHD Autism Asperger's Bipolar ?

Are you taking any prescribed medication? No Yes If yes, what medication: _____

Have you received any previous treatment for Drug or Alcohol Abuse? No Yes

If yes, with whom: _____

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

If yes, when: _____ and which centre: _____

Have you ever lived in a supported housing environment? No Yes

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? No Yes

If yes, please give details: _____

Where have you lived over the past two years? _____

Who has provided support to you over the past two years (e.g. professionals, workers, voluntary groups, religious organisations, family members)? _____

Does a social worker or a drug/alcohol agency support you? No Yes

Do you have a probation officer? No Yes

Have you ever seen a Psychiatrist? No Yes

Have you been diagnosed with: ADHD , Autism , Asperger's or Bipolar

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

If yes, when: _____

Doctor's Name: _____ Telephone Number: _____

Address: _____

GP's Name: _____ Telephone Number: _____

Address: _____

(If you don't have a GP put your last doctor's name and address)

Do you have a criminal record? No Yes

Please give details of any criminal convictions: _____

Do you have any outstanding warrants? No Yes

Do you have any outstanding court appearances? No Yes

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

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

Have you ever been prosecuted for arson? No Yes

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

Please put in your own words why you want to come to Teen Challenge and live in a supported housing environment: _____

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: _____ Signed: _____

Date: _____

Please return this form us & have your doctor complete the medical questionnaire (next page).



Drayton Hall
Hall Lane
Drayton, Norwich
NR8 6DP

01603 904 422 Centre
020 8553 3338 London
info@draytonhall.org.uk
www.draytonhall.org.uk