



**Teen Challenge Benaiah**

Mintlaw → Aberdeenshire → AB42 5DL

t 01771 620100 f 01771 622785

e benaiah@tcns.org.uk

## Application Form

(Please print in BLOCK CAPITALS)

First Name: ..... Second Name: .....

Surname: .....

Phone numbers (including code) .....

Present Address (including Postcode) .....

.....

.....

Date of Birth: ..... Nationality: .....

**Contact Information e.g family, friend or agency** (If not contactable at present address)

Contact name: .....

Address (including Postcode) .....

Phone number (including code) .....

Accommodation: Alone  Spouse  Parents  Friends  Others: .....

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

Marital Status: Single  Married  Separated  Divorced  Widowed

Are you currently employed? No  Yes  If yes with whom? .....

National Insurance No: .....



Benefits Claimed: Income Support  Incapacity  Job Seekers  E.S.A.

Please give brief summary of employment

history: .....  
.....  
.....  
.....  
.....

G.P.'s Name: ..... Telephone Number: .....

Address: .....

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

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: Crystal Methamphetamine  Crack Cocaine  Cannabis  Ecstasy

LSD  Heroin  Methadone  Temazepan  Amphetamines  Other: .....

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: .....

Do you have any health problems in the following areas:

Mobility  Hearing  Visual Impairment

If yes, do you require assistance with normal daily life activities? No  Yes

Have you ever seen a psychiatrist? No  Yes

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

If yes when: .....

Name of Psychiatrist or Mental Health Practitioner: .....

Telephone Number: .....

Address: .....

Do you have a criminal record? No  Yes  Ever been to prison? No  Yes

Do you have any outstanding warrants? 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

Are you presently involved in a community service order? No  Yes

## References

Please give the name and address of a referee (excluding doctor) who has known you for more than six months e.g. Minister of religion, church or social worker, family member or friend.

Name: ..... Address: .....

..... Postcode: .....

Telephone number: ..... Profession: .....

## Declaration

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: .....



## Consent Form

This information will be kept confidential

In order to make a decision about your admission to Teen Challenge we must contact your G.P. In order for us to do this, we would be grateful if you would complete and sign this Consent Form.

I, ..... Date of Birth: .....

PRINT NAME

SIGNED

of (present address) .....

..... Postcode: .....

give my consent for Teen Challenge staff to obtain written / verbal information from my G.P. for the purpose of assisting in my application assessment for Teen Challenge.

G.P.'s Name: ..... G.P.'s Address: .....

Postcode: ..... G.P.'s Phone Number: .....

offering  
**freedom**  
from addiction  
for women and  
mothers with  
**children**



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