

For Office Use: Date Received:	Doctors Letter Sent:	Interview Date:
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Resident Application Form

Willoughby House, Upper Broughton, Nottinghamshire, LE14 3BH
Tel: 01664 822 221 Fax: 01664 823 353

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 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 ☐

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 Willoughby House?

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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:

**Willoughby House
Station Rd
Upper Broughton
Nottinghamshire
LE14 3BH**

Telephone: 01664 822221 Fax: 01664 823353

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 _____