|  |
| --- |
| For office use only |
| Date received: | Referred by: | Interview Date: |

**THE SILKWORTH PROJECT**

**Resident Application Form**

**Contact Details**

**Applicant Additional contact**

Name Name

|  |  |
| --- | --- |
|  |  |

Address

|  |  |
| --- | --- |
|  |  |

Telephone number Telephone

|  |  |
| --- | --- |
|  |  |

Email Email

|  |  |
| --- | --- |
|  |  |

D.O.B Relationship to Applicant

|  |  |
| --- | --- |
|  |  |

NI Number

|  |
| --- |
|  |

**Family and Living Circumstances**

Marital status:

|  |
| --- |
|  |

Number of Dependants: Ages:

|  |  |
| --- | --- |
|  |  |

Name of Treatment Centre (If Applicable):

|  |
| --- |
|  |

Referral Agency/Self:

|  |
| --- |
|  |

Employment Status:

|  |
| --- |
|  |

**Accommodation**

Have you ever lived in a supported housing environment?

|  |
| --- |
|  |

Have you ever breached a tenancy agreement?

|  |
| --- |
|  |

Have you ever committed acts of violence against staff or other residents in a place where you were living? If yes please provide details:

|  |
| --- |
|  |

Where have you lived in the past 2 years?

|  |
| --- |
|  |

Who has provided support for you in the last 2 years?

(Professionals, voluntary groups, substance misuse, family etc)

|  |
| --- |
|  |

**Physical Health**

Height: Weight:

|  |  |
| --- | --- |
|  |  |

How would you describe your health?

|  |  |  |  |
| --- | --- | --- | --- |
| Excellent | Good | Fair | Poor |

Do you have any physical Impairment, chronic disease or disability?

|  |  |  |
| --- | --- | --- |
| Yes | No | Details: |

Do you require assistance with daily living because of an impairment?

|  |  |  |
| --- | --- | --- |
| Yes | No | Details: |

Name and address of G.P. (or last seen doctor)

|  |
| --- |
| Name:Address:Telephone: |

Prescribed medication:

|  |  |
| --- | --- |
| Name and reason for medication: | Dosage: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Substance Misuse**

When was the last time you took any of the following?

Illicit drugs or medication not prescribed by a doctor?

|  |  |
| --- | --- |
| Date: | Drug: |
|  |  |
|  |  |
|  |  |
|  |  |

Alcohol?

|  |
| --- |
| Date: |

Legal highs including N.P.S.?

|  |
| --- |
| Date: |

What is/was your primary substance?

|  |
| --- |
|  |

Have you recently left or about to leave a treatment centre?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | Leaving date: | Centre: |

Are you currently being supported by a substance misuse service?

|  |  |  |
| --- | --- | --- |
| Yes | No | Service: |
| Keyworker: |

**Mental/Emotional Health**

Have you ever experienced mental or emotional health problems? Do you have any mental health diagnosis?

|  |  |  |
| --- | --- | --- |
| Yes | No | If yes please provide details  |

|  |
| --- |
|  |

Have you ever seen a psychiatrist?

|  |  |
| --- | --- |
| Yes | No |

If yes please provide details:

|  |
| --- |
|  |

Have you ever been in hospital as a result of mental or emotional health problems?

|  |  |
| --- | --- |
| Yes | No |

If yes please give details:

|  |
| --- |
|  |

Have you ever had an eating disorder?

|  |  |
| --- | --- |
| Yes | No |

If yes please give details:

|  |
| --- |
|  |

Have you ever attempted to end your life or been known to self-harm? What was your intent? E.G. Self-punishment, release, cry for help or to end your life? Please state last episode(s).

|  |  |
| --- | --- |
| Yes | No |

If yes please give details:

|  |
| --- |
|  |

**Previous Offences**

Do you have a criminal record?

|  |  |
| --- | --- |
| Yes | No |

Details:

|  |
| --- |
|  |

Have you ever spent time in prison?

|  |  |
| --- | --- |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Date: | Offence: | Sentence: |

Do you have any outstanding warrants?

|  |  |
| --- | --- |
| Yes | No |

Issuing constabulary or court?

|  |
| --- |
| City/Town:Address: |

Do you have any outstanding court appearances?

|  |  |
| --- | --- |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Date: | Offence: | Court: |

Have you ever been convicted of a violent offence?

|  |  |
| --- | --- |
| Yes | No |

Details:

|  |  |  |
| --- | --- | --- |
| Offence: | Date: | Sentence: |
|  |  |  |
|  |  |  |

Have you ever been the victim or perpetrator of domestic violence?

|  |  |  |
| --- | --- | --- |
| Offence (if applicable) | Date: | Sentence: |
|  |  |  |
|  |  |  |

Have you ever been convicted of a sexual offence?

|  |  |
| --- | --- |
| Yes | No |

Details:

|  |  |  |
| --- | --- | --- |
| Offence: | Date: | Sentence: |
|  |  |  |
|  |  |  |

Have you ever been convicted of arson?

|  |  |
| --- | --- |
| Yes | No |

Details:

|  |  |  |
| --- | --- | --- |
| Offence: | Date: | Sentence: |
|  |  |  |
|  |  |  |

Are you currently under any order from a court or supervision?

(Prison licence, unpaid work, C.B.O, A.S.B.O etc)

|  |  |
| --- | --- |
| Yes  | No |

Details including name and telephone number of supervising officer:

|  |
| --- |
|  |

**Personal Statement**

Please write in your own words why you want to come to the Silkworth project and what recovery means to you.

|  |
| --- |
|  **Name: Date:** |