

# YELDALL RESETTLEMENT APPLICATION FORM

- The information given on this form will not be passed to anyone else, except where this is necessary to process your application.
- Some questions are asked for research and statistical purposes.
- Completing this form will not guarantee you a place on the programme.
- Please write clearly and complete as much of the form as you can.

**Please be aware you will need at least £45 on joining the Lodge for your first week's food and service charge.**



Yeldall Lodge  
Yeldall Manor  
Blakes Lane  
Hare Hatch

Reading RG10 9XR  
Tel: 0118 940 4413/4411

Fax: 0870 167 1999

Email :mandystevens@yeldall.org.uk

## Personal Details

Name ..... Date of Birth..... Age .....

Home Address .....

Post Code ..... Telephone Number .....

Prison No. and Address (*if applicable*) .....

Ethnic Origin (*your own words*) .....

Sexuality: Heterosexual/Gay/Bisexual/transsexual/prefer not to answer

Religion..... National insurance number.....

If accepted onto the project when would you like to move in?.....

**We request that all residents respect the Christian aspect of the programme and some participation is required. Would you be willing to do this? YES/NO**

NB: You do not have to be a Christian to be a resident at Yeldall Manor or Lodge.

**Next of Kin** ..... What relation are they to you? .....

Address.....

..... Telephone Number .....

**Who referred you** ..... Referrer's profession.....

Address.....

..... Post Code .....

Telephone Number ..... E-mail.....

**Funding**

Who will be paying for you to stay here?

Name ..... Telephone Number .....

Address.....

If you have a **Social Worker or Mental Health worker** please complete details:

Name ..... Telephone Number .....

Address.....

If you have a **Drugs/Alcohol Worker** please let us have his/her name and contact details:

Name ..... Telephone Number .....

Address.....

If you have a **Probation Officer** please let us have his/her name and contact details:

Name ..... Telephone Number .....

Address.....

If you have a **Solicitor** please let us have his/her name and contact details:

Name ..... Telephone Number .....

Address.....

If you have a **Doctor** please let us have his/her name and contact details:

Name ..... Telephone Number .....

Address.....

If you have a **Psychiatrist** please let us have his/her name and contact details:

Name ..... Telephone Number .....

Address.....

**Drug/Alcohol Use**

**Please include alcohol or solvents if they are among the substances you have used:**

Negative drug test results must be submitted in accordance with criteria

	Name of substance	Age of 1 <sup>st</sup> Use	Route of Administration (IV, IM, Sniff, Smoke, Oral, Other)
First Substance of Choice			
Second Substance			
Third Substance			

Have you ever injected drugs? Yes/No. Have you ever shared needles? Yes/No

Please say why you want to join the Yeldall Resettlement project:

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You will need to provide evidence you have participated in a therapeutic programme and have been 'clean' for a minimum of three months immediately prior to coming to the Lodge, please confirm you are able to do this and who we should contact:

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Do you understand that you will **not be able to take any addictive drugs** whilst you are a resident on Yeldall Manor grounds, and that certain **mood altering medication** prescribed by a doctor may not be permitted? Please let us know if you are taking any such medication.

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Do you understand that you will **not be able to drink alcohol** at any time whilst a resident at Yeldall Manor or the Lodge and you will have to moderate your **smoking** habit? Yes/No

### **Health Issues**

Do you have any health issues that might prevent you from taking a full part in the programme?

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What medication are you taking at present? \_\_\_\_\_

Have you ever attempted suicide or harmed yourself? If yes when was the last time? \_\_\_\_\_

Is your Hep B status? Positive / negative/u/k. Hep C status? Positive/negative/u/k

### **Legal Issues**

Please state your **current legal status** (giving any outstanding charges against you, the date of your next Court appearance, any current sentence and your release date if applicable):

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Please supply a list of convictions on a separate sheet of paper.

Do any of the following apply to you?

ASBO	MAPPA 1/2/3	Care Programme Approach	Probation order	DIP
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What do you consider your trigger situations to be?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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Outline what you think your support needs are, e.g. housing, budgeting etc.

1

2

3

Outline some of the goals you would like to achieve whilst you are here.

1

2

3

<b>Mobility</b>	Would you need any aids or adaptations made to the accommodation?
If so what?	

**PLEASE READ THE FOLLOWING SECTION AND SIGN AS APPROPRIATE**

The NDTMS is a national database system run by a body of database managers who collect, monitor and collate accurate data on problematic drug and alcohol use in England. The NDTMS collects data about all people receiving 'structured care' services. This includes in-patient detoxification, residential rehabilitation, community prescribing etc. By analysing the information they and others can:

- Make sure that services reflect the need in your area
- Assess the effectiveness of treatment
- Make sure funding is spent well
- Ensure that users receive the best possible treatment

The information you give enables them to do this.

NDTMS is responsible for making sure your information is kept safe and is collected in the right way from services that you use. NDTMS staff enters your information onto a secure computer leaving out details which could identify you personally. The data is NOT available to anyone other than drug treatment commissioners and planners in the form of figures. If you give your permission some information about you will be sent to the NDTMS for the purpose outlined above. This information will always be sent and kept in an anonymous format. Information about you will be sent on three separate occasions:

- Following a formal interview for entry onto a Yeldall programme
- Following entry into a Yeldall programme
- Following departure from a Yeldall programme

I understand the information above and I **CONSENT/ DO NOT CONSENT** (delete as appropriate) to information about me being forwarded to the NDTMS in accordance with the guidance stated above and that this will continue until I advise to the contrary.

Signature of Applicant..... Date .....

**Signature and Authorisation to obtain reports**

I authorise the staff of Yeldall Manor to seek general, medical, social, psychiatric, pre-sentence and legal reports about me for the purpose of considering my application to join their rehabilitation programme, on the understanding that it will be treated in the strictest confidence.

I also **CONSENT/ DO NOT CONSENT** (delete as appropriate) that should I be granted an interview the outcome of that interview can be given to my referrers.

Name of Applicant.....

Signature of Applicant..... Date .....

Yeldall Manor Work Experience Request Information

Name:

School Qualifications

<b><u>Training / Work related qualifications</u></b>
<b><u>What other skills do you have?</u></b>
<b><u>Computers - what can you do?</u></b>

If you had a choice what work would you like to do?

1
2
3
Is your counsellor in agreement with this course of action?    Yes / No

**Medication and effects**

**This may effect what work you can undertake**

Type	Side effects

Signed

Dated