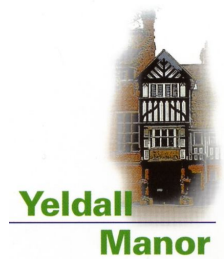


YELDALL MANOR APPLICATION FORM



- The information given on this form will not be passed to anyone else, except where this is necessary to process your application.
- Please write clearly and complete as much of the form as you can.

Personal Details

Name Date of Birth..... Age

Home Address

Post Code Telephone Number

If you are currently in prison, please tell us your Prison Number

Prison Address.....

Marital Status (*please circle*): Single Married Separated Divorced Widowed With Partner

Sexuality (*please circle*): Bi-sexual Gay Heterosexual Other

Do you have any children? YES / NO

If so, please give their names, ages and who they are living with:.....

.....
 If you came to Yeldall Manor, would you want them to visit you here? YES / NO

Next of Kin What relation are they to you?

Address.....

Post Code Telephone Number

Ethnic Origin (*please tick*):

African	
Bangladeshi	
Caribbean	
Chinese	
Indian	
Pakistani	
Other Asian	
Other Black	

White & Asian	
White & Black African	
White & Black Caribbean	
Other Mixed	
White British	
White Irish	
Other White	
Other	

Country of Nationality at Birth

Religion.....

You do not have to be a Christian, or even religious, to be a resident at Yeldall Manor, but we do ask that all residents respect the Christian side of the programme.

Would you be willing to do this? YES / NO

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

Address.....

..... Post Code

Telephone Number E-mail.....

What is your **Local Authority**?

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

Name Telephone Number

Address.....

..... Post Code

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

Name Telephone Number

Address.....

..... Post Code

Details of Drug/Alcohol/Solvent Use

	Name of substance (including drugs, alcohol & solvents)	How often do you use it?	How old were you when you first used it?	Main Method of use (inject, smoke, sniff, drink)	How much do you use per day?
What substance do you use most often?					
What is the 2nd substance that you use?					
What is the 3rd substance that you use?					
What other substances do you use?					

Please say why you want to give up drugs/solvents/alcohol and come to Yeldall Manor:

.....

.....

Do you understand that you will not be able to take any addictive drugs or drink any alcohol whilst you are a resident at Yeldall Manor and that you may have to moderate your smoking habit? YES / NO

Detoxification

Will you need detoxification? YES / NO

If so, what will you need detoxification from?.....

Please note that we only offer opiate detoxification, using either methadone or subutex reduction scripts.

Would you like to undergo your detoxification at Yeldall Manor? YES / NO

If you would like a detox at Yeldall Manor, **you must give the name and address of a medical practitioner** (GP, Psychiatrist, CPN etc.) who is prepared to supply us with a full medical report.

Health Issues

Do you have problems with any of the following?

Hearing Vision Asthma Diabetes Epilepsy Kidneys Liver

Please tell us about any other health issues you have:

.....
.....

What medication are you taking at present, if any?

.....

Please tell us about any hospital admissions you have had, what they were for and when:

.....

Have you ever self-harmed in any way? YES / NO If so, when?.....

Have you ever attempted suicide? YES / NO If so, when?.....

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

Name Telephone Number

Address.....

Post Code.....When did you last visit them?

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

Name Telephone Number

Address.....

Post Code.....When did you last visit them?

Legal Issues

Any Outstanding charges.....

Date of your next Court appearance

If you are currently in prison:

For what were you convicted?

How long is your Current Sentence?.....

Parole date.....Final Release date.....

Please list your Previous Convictions

.....

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

Name Telephone Number

Address.....

..... Post Code

When did you last have contact with them?

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

Name Telephone Number

Address.....

..... Post Code

When did you last have contact with them?

How did you hear about Yeldall Manor?

Internet		Social Worker	
DDN Directory of Residential Rehabilitation		Drug/alcohol worker	
Conference		Mental Health worker	
Friend/ex-resident		Probation	
Church/Pastor		CARAT worker	
Homeless hostel/Bail hostel		Yeldall Manor Newsletter	
Other (please specify)			

Signature and Authorisation

The answers that I have given throughout this application form are true and accurate and I now apply to come to Yeldall Manor. I have read the information pack and if I am offered a place at Yeldall Manor I am prepared to co-operate fully with the programme and abide by the 'Conditions of Residence'.

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.

Name of Applicant (please PRINT).....

Signature of Applicant..... Date

Please read this section and sign at the bottom

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

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

The information you give enables them to do this.

The NDTMS system involves collecting information about the type of treatment you receive from a treatment agency. Sometimes you may be seen by more than one agency. Consequently, to avoid duplication of reporting, NDTMS may share a minimal amount of information about you between the agencies from which you may have received treatment.

NDTMS is responsible for making sure your information is kept safe and is collected in the right way from services that you use. **This information will always be sent and kept in an anonymous format** on a secure computer, leaving out details which could identify you personally.

I CONSENT to information about me being forwarded to the NDTMS in accordance with the guidance stated above and understand that this will continue until I advise to the contrary.

Signature of Applicant..... Date

Please PRINT your NAME.....

Please return your completed form to the ADMISSIONS TEAM at Yeldall Manor, Blakes Lane, Hare Hatch, READING, Berkshire RG10 9XR