

FOR OFFICE USE ONLY	
Client Ref. No.	200 _ _ YML _ _ _
RESULT	_ _ / _ _ / _ _ _ _
Date App. Received	_ _ / _ _ / _ _ _ _
Offered Int.	YES / NO
If Y, date of int.	_ _ / _ _ / _ _ _ _



## 1.0 CONFIDENTIAL APPLICATION FOR ADMISSION TO THE LODGE PROGRAMME (2<sup>ND</sup> STAGE)

### **PERSONAL DETAILS**

Please refer to application criteria before completing this form

Full name:	
Date of birth:	Age at last birthday:
How long have you lived in the Wokingham area?	Date of move to Lodge
Mobile no.:	Religion
Next of Kin (name):	Relationship to applicant:
Address:	
Tel. no.:	Mobile:
National Insurance Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Legal Status	
Are you on a Probation Order/Drug Intervention Programme/ Multi Agency Public protection Arrangement/ Anti-Social Behaviour Order? If so what is it?	
Other agencies involved?	

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Marital and Parental Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Partner <input type="checkbox"/>
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Children living with client <input type="checkbox"/>		Children living with partner <input type="checkbox"/>	
Children living with other family member <input type="checkbox"/>			
Children in care <input type="checkbox"/>	No children <input type="checkbox"/>	Other <input type="checkbox"/>	
Ethnicity (please put a tick in the appropriate box):			
White British <input type="checkbox"/>		White Irish <input type="checkbox"/>	
Other White <input type="checkbox"/>		White & Black Caribbean <input type="checkbox"/>	
White & Black African <input type="checkbox"/>		White & Asian <input type="checkbox"/>	
Other Mixed <input type="checkbox"/>		Indian <input type="checkbox"/>	
Pakistani <input type="checkbox"/>		Bangladeshi <input type="checkbox"/>	
Other Asian <input type="checkbox"/>		Caribbean <input type="checkbox"/>	
African <input type="checkbox"/>		Other Black <input type="checkbox"/>	
Chinese <input type="checkbox"/>		Not Stated <input type="checkbox"/>	
Any Other <input type="checkbox"/> (please state):			
Nationality (please put a cross in the appropriate box):			
UK National <input type="checkbox"/>	EU National <input type="checkbox"/>	Other National <input type="checkbox"/>	Not Known <input type="checkbox"/>

## EMPLOYMENT & FINANCE DETAILS

Please put a cross in the box which represents the applicant's current employment status:	
Regular Employment <input type="checkbox"/>	Pupil/Student <input type="checkbox"/>
Economically Inactive (Disabled) <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Other <input type="checkbox"/> (please state):	

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Review 14/08/2007

Part of the support programme involves gaining voluntary work experience. Please give an indication of what type of voluntary work you would be interested this will need to be discussed and approved by your counsellor.

Do you have any outstanding fines or debts? Yes  No

If yes please state below type of fine or debt (e.g. court fine, overdraft, loan, credit card etc.) and the amount outstanding:

Type of fine/debt:	Amount outstanding:	Type of fine/debt:	Amount outstanding:
1	£	2	£
3	£	4	£

Describe briefly what your understanding is of what is offered by the Lodge programme.

Describe briefly what you would like to achieve whilst you are at the Lodge? Be realistic

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2
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# ALCOHOL AND DRUG HISTORY

Negative drug test results must be submitted in accordance with criteria

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

Have you ever injected drugs? Yes  No

Have you spoken to your funder about this application? Yes/no	Have they agreed to fund you? If so please attach confirmation of this.
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Signature	_____
Date	__ / __ / ____
Agreed funding	£

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## Consent form - National Drug Treatment Monitoring System (NDTMS)

The NDTMS is a national database system which collects, monitors and collates accurate data on problem drug use in England.

The NDTMS collects data about all people receiving 'structured care' in drug services. This could include: In-patient Detox, 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 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 the services that you use. NDTMS staff enter 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 purposes 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

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I \_\_\_\_\_ (print name) have been informed of the above information and have been given a copy of the leaflet "".

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_\_\_

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Review 14/08/2007