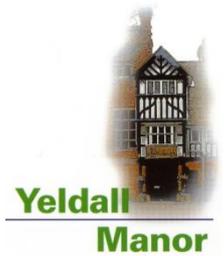


YELDALL MANOR APPLICATION FORM



- 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?

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

Details of 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 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.

Signature of Applicant Date

Please PRINT your NAME

Please read this section and sign at the bottom

We ask you for information so that you can receive proper care and treatment. We keep your information, together with details of your care, because it may be needed if we see you again. Sometimes we may need to share certain information (for example on the outcome of your treatment) with other treatment services involved in your care, and as part of your treatment.

The sharing of sensitive personal information is strictly controlled by law. Anyone who receives information from us is also under a legal duty to:

- only use the information for the purposes you have agreed to
- keep the information strictly confidential.

The NDTMS system, run by Public Health England (PHE), 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, a minimal amount of information about you may be shared between the agencies from which you may have received treatment. Your full name and address are NOT passed on to the NDTMS, although some details are sent to minimise the risk of you being counted twice. The PHE is responsible for making sure your information is kept safe and is collected in the right way from services that you use.

Some information from the NDTMS is sent to other government departments, so that they can monitor the progress of the national drug and alcohol strategies. However, by the time the data is reported from the NDTMS to other government departments it is always in the form of total numbers of people and there is nothing in the information that could be used to identify you.

By analysing the information they can:

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

The PHE does NOT pass any identifiable information held on the NDTMS to the police or criminal justice agencies.

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**
