

# 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. Missing names, phone numbers, etc. can slow down the application process.

## Personal Details

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

Home Address .....

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

Email: ..... Phone Number.....

If currently in prison: Prison Number..... Prison Name .....

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      Would you want them to visit you here? YES / NO  
 Please give their Names,                      Ages                      Who they are living with

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

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

Address .....

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

Email: ..... Phone Number.....

## **Ethnic Origin** (*please tick*):

African		Other Asian		Other Mixed	
Bangladeshi		Other Black		White British	
Caribbean		White & Asian		White Irish	
Chinese		White & Black African		Other White	
Indian		White & Black Caribbean		Other	
Pakistani					

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**

Name of who referred you?..... Referrer's profession .....

Address.....

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

Phone 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 ..... Name of Authority: .....

Address.....

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

Phone Number..... E-mail.....

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

Name ..... D/A Team: .....

Address.....

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

Phone Number..... E-mail.....

**Details of Drug/Alcohol/Solvent Use**

	Name of substance (drugs, alcohol, solvents)	How often do you use it?	How old were you when you first used it?	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, what is the dosage, for how long?

.....

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

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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:

Doctor's Name ..... Surgery's Name: .....

Address.....

.....

Post Code: ..... E-Mail: .....

Phone Number: ..... When did you last visit them?.....

If you have a **Psychiatrist or CPN** (please circle) please let us have their name and contact details:

Name: ..... Practice/Authority's Name:.....

Address.....

.....

Post Code: ..... E-Mail: .....

Phone Number: ..... 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: ..... Local Authority's Name: .....

Address.....

.....

Post Code: ..... E-Mail: .....

Phone Number: ..... When did you last have contact with them? .....

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

Name ..... Company Name: .....

Address.....

.....

Post Code: ..... E-Mail: .....

Phone Number: ..... 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 .....

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**What NDTMS is and does:** NDTMS is the National Drug and alcohol Treatment Monitoring System (NDTMS). It is used by PHE to collect information about drug and alcohol treatment in England. If you consent, your treatment service will share some of your treatment information with NDTMS.

**What information NDTMS uses and why:** PHE collects some personal information about people in treatment including your initials, date of birth, gender, the local authority area in which they live and the first part of your postcode. This reduces the risk of you being counted twice. This information is only shared with PHE if the people using treatment services agree and PHE never contact service users:

- your full name and address are NOT passed on to PHE
- no identifiable information held on NDTMS is passed on to the police or any other organisation
- your information is held on NDTMS to support ongoing trend and other research analysis<sup>1</sup>

The information is used to understand how many people are using these treatment services, how good the services are at helping people with substance misuse issues, to help improve them and produce statistics and research about drug and alcohol use and treatment. PHE never publish NDTMS information that could be used to identify individuals.

**How NDTMS will protect your information:** the security of the data you provide to NDTMS is of utmost importance and PHE staff are bound by law to protect the confidentiality of the information they collect and use. The personal information held is kept to a minimum and PHE makes sure that staff can only see the information that is required to do their job.

**Sharing and linkage of NDTMS information:** some information from NDTMS is cross referenced with data from other government departments and reports are sent back to them so that they can monitor the effectiveness of the national drug and alcohol strategies. Any data matching with other government departments is undertaken by PHE. At no point is your personal information shared with the police or any other organisation. In addition, sometimes you may be seen by more than one agency and to assist with treatment outcomes profiles (TOP), NDTMS may share TOP information about you between the agencies from which you may have received treatment.

**Withdrawal of consent:** if you do not want information about you to be passed on to NDTMS then you have the right to say this and/or ask for your treatment information at your current service to be removed. This will not have any impact on the treatment you receive. You can ask your service or your keyworker for a copy of the NDTMS patient information leaflet for more information.

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I consent to share my data with PHE NDTMS for the purposes set out above.

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

Please PRINT your name: .....

<sup>1</sup> [www.gov.uk/government/publications/confidentiality-guidance-for-drug-and-alcohol-treatmentproviders-and-clients](http://www.gov.uk/government/publications/confidentiality-guidance-for-drug-and-alcohol-treatmentproviders-and-clients) (May 2018)

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

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