

# YELDALL MANOR APPLICATION FORM

- Please write clearly and complete as much of the form as you can. Missing names, phone numbers, etc. can slow down the application process.

## PART A

### 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/Homosexual 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.....

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

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

Address.....

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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 .....

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

Name: ..... Local Authority's Name: .....

Address.....

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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.....

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

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

**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 \_\_\_\_\_

\_\_\_\_\_

## **PART B   Substance Misuse**

### **History**

Please list the different substances that you have used over the years, starting with the earliest, along with the approximate age you were when you first started using them.

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### **Now please tell us about your Current or Most Recent substance misuse**

Problem Substance (drink/drug/solvent)	Frequency of use	Main Method (oral/inject/smoke/sniff )	Age first used	Age became dependent	Last used
1 <sup>st</sup> choice					
2 <sup>nd</sup> choice					
3 <sup>rd</sup> choice					
Other substances that are a problem for you:					

### **Extra Information for Drug Users:**

Have you ever injected?    YES/NO                      Do you still inject?                      YES/NO  
*Injected in the last month?    YES/NO                      Have you ever shared equipment?    YES/NO*

### **Extra Information for Alcohol users:**

Type of Alcohol used	Amount per day	Units	Drinking days (in last 28)

What led to your very first use of drugs/drink?

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What triggered your heavier use of drugs/drink? When was that?

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How does your drug use/drinking affect your behaviour? (e.g. depression, lack of sleep, bad eating pattern, MH, argumentative, violent etc.)

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What has happened to make you want rehab now and what do you want to achieve?

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Do you have any other addictive behaviour? (e.g. gambling, sex, eating disorder, gym etc.)

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Have you ever managed to stay completely free from drugs/alcohol? YES/NO

If so, what is the longest you have been free? \_\_\_\_\_

Was that out in the community or in prison? \_\_\_\_\_

What would abstinence look like for you?

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Yeldall Manor will help you to achieve freedom from addiction through lifelong abstinence from alcohol and all addictive drugs. Are you willing to commit to this? YES/NO

## **Medical Information**

### ***Detox:***

Will you need a detox if you come to Yeldall Manor? YES/NO

If so, from what? \_\_\_\_\_

Have you ever had a fit or other problems during a detox? YES/NO

If so, please tell us about it. \_\_\_\_\_

**General:**

Do you have any special dietary requirements? (e.g. gluten free, vegetarian)

If so what? \_\_\_\_\_

Are you allergic to anything? If so what? \_\_\_\_\_

Some of the time at Yeldall you will be working on the land or in the kitchens. Is there anything that might restrict you in carrying out these activities? If so, what?

\_\_\_\_\_  
\_\_\_\_\_

Do you have problems with any of the following?

Hearing Vision Asthma Diabetes Epilepsy Kidneys Liver

Please tell us about any other medical/physical problems or disabilities that you have:

\_\_\_\_\_  
\_\_\_\_\_

Do you smoke? YES/NO If so, is this a) Tobacco b) Vapes

Please list your Prescribed Medication	Dosage (times per day & amount)	Length of time on that medication

When was your last Tetanus vaccination? \_\_\_\_\_

- *If it is more than 10 years ago we advise you to seek an update from your GP surgery*

How many vaccinations have you had for Hep B? None / 1 / 2 / 3 / 4 (circle one)

Have you ever tested positive for Hep B? YES / NO

Have you ever tested positive for HIV? YES / NO

When were you last tested for Hep C? \_\_\_\_\_

What was the result? Positive / Negative

If positive, have you received any treatment for this? YES / NO

- *If you can't remember this information, please contact your GP surgery who should have a record of this.*

When did you last visit a Dentist? \_\_\_\_\_

Do you have any problems with your teeth? YES / NO If so, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a **Mental Health** diagnosis? YES / NO

If so, what? \_\_\_\_\_

When were you diagnosed? \_\_\_\_\_

Have you ever had any inpatient hospital treatment for this? YES/NO

If so, please tell us about it. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you receiving ongoing support from Mental Health Services, (CPN or Psychiatrist)? YES / NO

If Yes, who do you see? \_\_\_\_\_

How often do you see them? \_\_\_\_\_

Have you ever self-harmed? YES/NO If so, please tell us about it:

\_\_\_\_\_  
\_\_\_\_\_

When was the last time you self-harmed? \_\_\_\_\_

What did you do? \_\_\_\_\_

Have you ever tried to commit suicide? YES / NO

If so, please tell us about this:

\_\_\_\_\_  
\_\_\_\_\_

When was the last time you tried to commit suicide? \_\_\_\_\_

Why was this? \_\_\_\_\_

What did you do? \_\_\_\_\_

How did you survive? \_\_\_\_\_

**General**

Everyone has gifts and talents and things they enjoy doing. What would these be for you?

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There is literacy and numeracy help available at YM. Would you be interested in this? YES / NO  
If so, what help would you like to receive? \_\_\_\_\_

Everyone has things in their lives that they are ashamed of and also things that they are proud of. What are you proud of in your life?

**Relationships:**

Do you have a current partner? YES / NO                      Do they drink/use drugs? YES / NO / NA  
Do you have Children? YES / NO  
Are any of them fostered or in care? YES / NO / NA

Name	Age	With whom are they living?	What are the Contact arrangements? (e.g. supervised visits etc.)

After the initial Orientation period fortnightly visits are allowed on either a Saturday or a Sunday.

Who, if anyone, would you like to invite to visit? \_\_\_\_\_

Yeldall is a community of around twenty men in recovery. Whilst there is plenty of free time (in the evenings and at weekends) we follow a clearly structured daily programme.

What do you think you will enjoy about living in such a community?

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What do you think might be the challenges of it?

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If you are having a tough day, how would other people know that?

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**Accommodation/Housing:** *(Circle one)*

What is your current accommodation situation?

*(If you are in prison, what would your accommodation situation be if released tomorrow?)*

a) No Fixed Abode – urgent problem

(Live on streets/Use night hostels(night by night)/Different floor each night)

b) Problem

(Short-term guest of friend, family/Night winter shelter/Direct Access short stay hostel/Short term B&B/squatting)

c) No problem

(Local Authority registered/Social Landlord rented/Private rented/Approved premises/Supported housing, hostel/Traveller/Own property/Settled with friends or family)

**Employment:**

Have you ever been employed/self-employed? YES / NO If so, what did you do?

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How many years has it been since you were last in paid employment? \_\_\_\_\_ years

**Benefits & Finance:**

***A) If you are living in the community:***

Are you receiving benefits? YES / NO

If not, please tell us why this is \_\_\_\_\_

What benefits are you currently receiving? *(Please tick **all** that apply)*

- Incapacity Benefit
- Income Support
- Job Seekers Allowance (JSA)
- Employment Support Allowance (ESA)
- Disability Living Allowance (DLA)
- PIP
- Universal Credit
- Housing Benefit
- Other (Please specify) \_\_\_\_\_

Do you have an active bank account and card with PIN? YES / NO

What forms of ID do you have? \_\_\_\_\_

If you have any outstanding **debts** please tell us about them:

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- ***You will be expected to contribute from your benefits towards your fees (however you are funded) and you would normally be left with £24.90 per week.***

**B) If you are currently in prison:**

If you come to Yeldall Manor our staff will help you to apply for benefits.

You need to have an active bank account in order to receive the benefits to which you are entitled. Without this it will be very difficult to get them. If you haven't got one at the moment then please talk with your keyworker urgently about how to open one BEFORE you leave prison.

Do you have an active bank account and card with PIN? YES / NO

- *You will be expected to contribute from your benefits towards your fees (however you are funded) and you would normally be left with £24.90 per week.*

Do you have any forms of ID? If so, what? \_\_\_\_\_

**C) Do you have any outstanding debts? YES/NO** If so, please give brief details:

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**Counselling**

Whilst at Yeldall Manor you will receive 1:1 counselling to help you to recognise and deal with those issues that have driven you to addiction and kept you there.

What are the personal issues you need to talk about in order to be free from addiction?

1) _____ _____
2) _____ _____
3) _____ _____
Anything else? _____ _____ _____ _____

**Personal History:**

Please tell us about your upbringing, your family relationships (past and present) and about your life in general, including any significant events that have affected you (either positively or negatively).

*(Personal history continued)*

*(Personal history continued)*

*(Personal history continued)*