

RESIDENTS APPLICATION FORM

Please complete as much of the form as possible, missing information can slow down the admissions process.

Please send your completed form to: admissions@yeldall.org.uk

PART A

Personal Details:

Name _____ DOB _____ Age _____

Home Address _____

Postcode _____

Phone Number _____ Email _____

If in prison:

Prison number _____ Name of prison _____

Prison address _____

Postcode _____

Marital status: single married separated divorced widowed with partner

Sexual Orientation: Homosexual / gay Heterosexual / straight Bi-sexual other

Sex at registration of birth: _____

Ethnic origin:

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

Country of Birth: _____ **Citizenship Status:** _____ **Religion:** _____

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

Would you be willing to do this? **Yes / No**

Next of Kin: Name: _____ Relationship: _____ Address: _____

Post code: _____

Phone: _____ Email: _____

Referrer details:

Who referred you _____ Their profession _____

Address _____

Postcode _____

Phone number _____ Email _____



Other contact details:

Local Authority Area _____

Social Worker Name _____ Phone number _____

Address _____ Email _____

Drug & Alcohol Worker Name _____ Phone number _____

Address _____ Email _____

Probation Officer Name _____ Phone number _____

Address _____ Email _____

Solicitor Name _____ Phone number _____

Address _____ Email _____

Doctor Name _____ Phone number _____

Address _____ Email _____

M/Health Worker Name _____ Phone number _____

Address _____ Email _____

Psychiatrist Name _____ Phone number _____

Address _____ Email _____

CPN Name _____ Phone number _____

Address _____ Email _____

Legal Issues: Yes / No (If Yes, this section must be completed)

Details of any outstanding charges _____

Index Offence: _____

Date of next court appearance _____

NB: Where applicable Yeldall Manor will need to see the Probation Full OASys Assessment

If serving a sentence: Conviction details:

Date sentenced _____ Length of current sentence _____

HDC / Tag Date _____ Parole Date _____

Final release date _____ License expiry date _____

Please list convictions:

Please list your previous convictions _____



Signature and Authorisation:

Applicant name _____

Signature of applicant _____ Date _____

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 will abide by the conditions of residence.

I authorise the staff at Yeldall Manor to communicate with all the people listed on this form and to seek general, medical, social, psychiatric, probation, 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 strict confidence.

Consent to Public Health England NDTMS

What NDTMS is and does:

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

What 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 you 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

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 key-worker for a copy of the NDTMS patient information leaflet for more information.

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

Applicant name _____

Signature of applicant _____ Date _____



PART B

Substance Use:

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.

Now please tell us about your Current or most Recent substance use

	1 st choice	2 nd choice	3 rd choice
Problem substance			
Frequency of use			
Main method of use <i>(smoke, sniff, swallow, inject)</i>			
Amount			
Age of first use			
Date of last use			
Any other significant substance misuse			

Extra information for drug users:

Have you ever injected? **Yes / No** Injected in last month? **Yes / No**
 Do you still inject? **Yes / No** Ever shared injecting equipment? **Yes / No**

Extra information for alcohol users:

Type of alcohol used _____
 Amount per day / units _____
 Drinking days in last month (4 weeks) _____

Substance Use History:

What led to your first use of drugs / drink? _____
 What triggered your heavier use of drugs / drink? _____
 _____ When was that? _____



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

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

Have you ever managed to stay completely free from drugs / alcohol? **Yes / No**

If so, what was the longest period you have been free? _____

Was that in the community or in prison? _____

What would abstinence look like for you? _____

Do you have any other addictive behaviour? (e.g. gambling, eating disorder, compulsive behaviours, sex, exercise)

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

Medical Information NHS Number: (If unknown, contact your surgery) _____

Detoxification:

Will you need a detox if you come to Yeldall Manor? **Yes / No**

If so, from what would you need to detox? _____

Have you ever had a seizure / fit or other problem during a detox? **Yes / No**

If so, please tell us about it here _____

General:

Do you have any special dietary requirements? **Yes / No**

If so, please tell us about them here e.g. vegetarian, gluten free _____

Are you allergic to anything? **Yes / No**

If so, can you tell us about this here? _____

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? **Yes / No**

If so, what? _____

Do you have problems with any of the following?

- | | | | |
|---|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Asthma | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Diabetes (type 1 or 2) | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart | <input type="checkbox"/> Mobility / Walking |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Liver | <input type="checkbox"/> Kidneys | <input type="checkbox"/> COVID-19 / Coronavirus |

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



When did you last see a dentist? _____

Do you have any dental problems i.e. teeth, gums, mouth? **Yes / No**

Do you have any outstanding dental treatment? **Yes / No**

Do you smoke? **Yes / No**

If so, do you smoke Tobacco, or do you Vape? **Smoke Tobacco / Vape**

Please list your prescribed medication:

Medication	Dosage	Length of time on medication

When was your last Tetanus vaccination? _____

(NB: if it was more than 10 years ago, we advise you to seek an update from your GP surgery)

How many vaccinations have you had for Hepatitis B? *(pick relevant)* **None / 1 / 2 / 3 / 4**

Have you ever tested positive for any of the following?

Hepatitis B **Yes / No**

Hepatitis C **Yes / No**

HIV? **Yes / No**

Have you received treatment for these conditions? (tick those that apply) Hep B Hep C HIV

When were you last treated for Hepatitis C and what was the result? _____

Mental Health:

Do you have a mental health diagnosis? **Yes / No**

What is the diagnosis? _____ Date diagnosed? _____

Details of any treatment, including hospital admissions *(Please explain)* _____

Are you receiving any ongoing treatment or support? **Yes / No** Psychiatrist CPN

Please give details of any treatment:



Have you ever self-harmed? **Yes / No**

Can you explain what you did and why?

.....

When was the last time you self-harmed?

Have you ever attempted suicide? Why **Yes / No**

was this? _____

What did you do? _____

When was this and how did you survive?

Relationships:

Do you have a current partner? **Yes / No** Do they drink / use drugs? **Yes / No**

Do you have children? **Yes / No**

Are any of your children subject to a "child in need" or a "child protection plan" **Yes / No**

Are any of your children fostered or in care? **Yes / No**

Do you have parental responsibility for any children under 18 years old? **Yes / No**

If Yes – how many of these children live with you? _____

How many children under 18 in total live with you? _____

Partner and children details:

Name	Relationship	Age	With whom they are living	Contact arrangements <i>(e.g. supervised visits etc.)</i>

