Resident Application Form

Thank you for taking this important step in your recovery. Please complete as much of this form as possible before your interview as the more information we have the quicker we can process your application. Do not worry too much if there are gaps, as we can work through these together.

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

Section 1: Personal Details

Full name **Date of birth**

Address (if you are currently in custody, please list the name of your prison)

Postcode

Phone number **Email address**

Background

Sex registered at birth

☐ Male ☐ Female

Does your gender identity differ from your sex registered at birth? Yes | No

If yes, please specify your gender identity:

Country of birth

Citizenship status

☐ British Citizen ☐ Settled Status ☐ Other (please specify)

Literacy and language

Do you have any difficulties with reading or writing in English? Yes | No

Do you need any support with language or communication? Yes | No

If you have answered yes to either question or if English is not your first language, please provide details below

Cultural or religious considerations

Are there any cultural, religious, or personal practices or needs that Yeldall Manor would need to accommodate? Yes | No

If yes, please give details

Ethnic origin

☐ White British ☐ White Irish ☐ Other White ☐ Other Mixed

☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Other Black

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese

☐ Other Asian ☐ Caribbean ☐ African ☐ Other (please specify)

Sexual orientation

☐ Heterosexual / straight ☐ Gay / homosexual ☐ Bisexual ☐ Other (please specify below)

Marital or relationship status

☐ Single ☐ In a relationship ☐ Married / Civil Partnership

☐ Separated ☐ Divorced / Dissolved Partnership ☐ Widowed

☐ Other (please specify below)

Religion

☐ Christian ☐ Muslim ☐ Hindu

☐ Sikh ☐ Jewish ☐ Buddhist

☐ No religion ☐ Prefer not to say ☐ Other (please specify below)

Are you a veteran of the armed forces? Yes No

Do you have any children? Yes No

If yes, please provide details below:

Child	Child 1	Child 2	Child 3	Child 4
Name				
Age				
Sex				

Is anyone dependent on you? Yes No

For example, children, pets, caring responsibilities. If yes ,please give details:

Is there a possibility a partner is currently pregnant? Yes No

If yes, provide details:

Are there any current Child Protection Plans, Child in Need Plans or Children's Social Care involvement? Yes | No

If yes, provide details:

Section 2: Substance Use

Current or most recent substance use

Please complete the table below for up to three substances, starting with the one that causes you most problems. Being open with us about your substance use helps us understand what kind of support and care you'll need.

	Primary choice	Secondary choice	Tertiary choice
Substance			
Frequency of use			
Method of use (e.g. smoke, inject)			
Typical amount used			
Age first used			
Date last used			

If there are any other substances we should be aware of, please list below

Alcohol

Do you currently drink alcohol? Yes | No

Detoxification

Will you need a detox before or on arrival at Yeldall Manor? Yes | Unsure | No

If yes or unsure, from what substance(s)?

Have you ever had a seizure or fit during a detox or withdrawal? Yes | No

If yes, please tell us what happened

Section 3: Health Information

Physical health

Do you have any physical health conditions or disabilities we should be aware of? Yes | No

If yes, please give details

Is there anything that might restrict you from doing physical work (e.g. on the land, in the kitchen, maintenance)? Yes | No

If yes, please give details

Prescribed medication

Please list all medication you are currently prescribed, including dosages where possible:

Medication

Dietary requirements

Do you have any dietary requirements? Yes | No

If yes, please give details (e.g. vegetarian, gluten free)

Do you have any allergies? Yes | No

If yes, please give details (e.g. food, medication, other)

Mental health

Do you have any mental health diagnoses? Yes | No

If yes, please list your diagnosis / diagnoses

Please give brief details of any mental health treatment you have received:

Do you consider yourself to be neurodiverse (e.g. autism, ADHD, dyslexia, dyspraxia)? Yes | No

Do you feel you might need extra support or considerations because of this? Yes | No

If yes to either question, please give brief details

Suicide and Self-Harm

We ask the following questions so we can make sure we support you safely from the moment you arrive. You only need to share what you feel comfortable sharing at this stage as we may also discuss this gently at your interview.

Have you ever attempted suicide? Yes | No

Have you ever self-harmed? Yes | No

If yes to either question, please give brief details, including when this last happened and how often it has occurred:

Section 4: Legal Information

Many of the people we support have a legal history, and this section is a routine part of how we get to know your situation. You do not need to list your full criminal history here as we will discuss this at interview. Where applicable, Yeldall Manor will need to see the full OASys report.

Do you have any current legal issues, outstanding charges, or are you on licence / probation? Yes | No

If yes, please give brief details

Date of next court appearance (if applicable)

Licence expiry date (if applicable)

Parole date (if applicable)

Prison release date (if applicable)

Are you subject to MAPPA (Multi-Agency Public Protection Arrangements)? Yes | No

Are you on the Sex Offenders Register (SOR)? Yes | No

Do you have any convictions or charges relating to offences against children? Yes | No

Do you have any convictions or charges relating to arson? Yes | No

Have you had any previous convictions which are not listed above? Yes | No
If yes, please specify below

Section 5: Living Situation

Please tick the option that best describes your current situation.

- ☐ No fixed abode — living on the streets, in a night hostel, or sofa surfing
- ☐ Short-term or unstable — staying with family, friends, in a B&B, or temporary accommodation

- ☐ Settled — renting, own property, approved premises, or local authority housing
- ☐ Currently in custody
- ☐ Other (please state): _____

Section 6: Funding

Please tick the funding route that best applies to you. If you are not sure which route is available to you, please tick "I don't know which funding options are available" and we may be able to apply for funding on your behalf.

- ☐ Funding via Local Authority, Social Services, or Drug and Alcohol Service
- ☐ Access to private funding (family support, personal savings)
- ☐ Personal contribution via state benefits
- ☐ I don't know which funding options are available
- ☐ Other (please give details below)

Section 7: Professional Contact Details and Next of Kin

Who referred you?

- ☐ Self-referred

Referrer name

Their role / profession

Their phone number

Their email

Drug & Alcohol Worker / Keyworker (if applicable)

Name

Organisation

Phone number

Email

Probation Officer (if applicable)

Name

Probation office (e.g. Reading, Leicester)

Phone number

Email

GP / Doctor

- ☐ I am not currently registered with a GP

GP name

Practice name

Phone number

Email

Practice address

NHS number (if known)

Psychiatrist or Mental Health Worker (if applicable)

Name | Profession

Phone number | Email

Other Professional Contact (e.g., Social Worker, Solicitor)

Name | Profession

Phone number | Email

Next of Kin

Name | Relationship to you

Phone number | Email

How did you hear about us?

Please tick the option that best describes how you found out about Yeldall Manor:

☐ GP or doctor ☐ Drug / alcohol service ☐ Probation / CJS ☐ Social worker / social services ☐ Previous Yeldall resident

☐ Family or friend ☐ Internet search ☐ Church or faith community ☐ Charity / voluntary org ☐ Other: _____

Have you previously applied to Yeldall Manor or stayed at Yeldall Manor as a resident? **Yes** **No**
If yes, please specify details including the approximate date:

Anything else we should know?

Please tell us anything else about you that you think it would be important for us to know about you.

Section 8: Declaration

The answers I have given throughout this application form are true and accurate. I authorise the staff at Yeldall Manor to communicate with the people listed on this form and to seek general, medical, social, psychiatric, probation, and legal reports about me for the purpose of considering my application. I understand that this information will be treated as confidential in accordance with Yeldall Manor's policies.

Applicant name

Date

Signature