

Resident Application Form

Please note that the information you give on this form is to help us best assess your suitability for living in Kingdom Way Trust (KWT) Supported Accommodation

Confidentiality: All information disclosed on this form together with any professional reports where allowed will be deemed confidential between KWT, the applicant and referring officer. The only exceptions are where properly directed by a court of law or where the interests of public protection genuinely prevail.

Please answer all questions in your own words

1. Personal Information

First name:

Surname:

Other names you go by:

Date of birth:

NI Number:

Nationality:

Do you have an official form of identification (e.g. birth certificate, passport or driving licence)?

Yes If yes, which one?

Status Single Co-habiting Engaged Married Separated Divorced

Home or last address

Postcode:

Telephone:

Are you currently living here? Yes No

Length of stay:

Previous address

Postcode: Telephone:

Length of stay:

Work Address (if applicable)

Position:

Email: Telephone:

HM Prison name & address (if currently in prison)

Postcode:

Telephone:

Prison No:

Next of Kin (full name):

Relationship to you:

Address:

Email: Telephone:

2. References – Please supply as many contact details as possible.

Referring Officer (the person supporting your application)

Occupation: Telephone:

Probation Officer (the present one or the last one to deal with you):

Name:

Address:

Email: Telephone:

Social Worker (the present one or the last one to deal with you):

Name:

Address:

Email:

Telephone:

Doctor (the present one or the last one to deal with you):

Name:

Address:

Email:

Telephone:

Psychiatrist (the present one or the last one to deal with you):

Name:

Address:

Email:

Telephone:

Solicitor (the present one or the last one to deal with you):

Name:

Address:

Email:

Telephone:

Drug / Alcohol Counsellor (the present one or the last one to deal with you):

Name:

Address:

Email:

Telephone:

Religious Leader (if relevant) – or someone else important to you:

Name:

Occupation:

Address:

Email:

Telephone:

3. Homelessness

If homeless, how long have you been homeless?

Have you previously lived in hostel accommodation? Yes No

If yes, which ones?

May we contact them for information? Yes / No

Contact name:

Email:

Telephone:

4. Alcohol / drug history

	FIRST USED	LAST USED	Notes
Alcohol			
Drug/s (name):			

5. Medical Details

Do you have a doctor? Yes No

If no, would you like us to help you register? Yes No

Do you take any medication? (what doses?)

6. Physical Health

Have you ever suffered from: (please tick or circle)

TB	Hepatitis	Bronchitis
Allergies	Heart Problems	Epilepsy
Septicaemia	Asthma	Tetanus
Diabetes (Type 1)	Diabetes (Type 2)	Dietary requirements (what?)

We are committed to equal opportunities and welcome applications from those who have tested positive for Hepatitis and HIV/AIDS

- Hepatitis B Never tested Tested Negative Tested Positive
- Hepatitis C Never tested Tested Negative Tested Positive
- HIV Never tested Tested Negative Tested Positive

Please give details of drugs prescribed for your current legal use (continue on separate sheet if necessary)

Prescribed by (doctor & clinic)

Name of drug

When did you start using this drug?

What condition is it for?

When does your supply run out?

Are you immunised against Hepatitis B? Yes No

Date of last tetanus injection?

Any other illnesses, operations or major injuries? Yes No

If yes, give details:

Are you registered disabled? Yes No

Do you have any physical disabilities? Yes No

If yes, give details:

7. Mental Health

Do you currently experience any of the following:

	NEVER	OCCASIONALLY	FREQUENTLY	Notes
Anger				
Anxiety				
Compulsive behaviour				
Depression				
Self-harm				
Suicidal thoughts				
Other				

Have you ever been assessed with regards to mental health? Yes No

If yes, give details:

Have you ever been treated for a nervous or mental disorder? Yes No

If yes, please give details (eg depression, self harm, suicidal tendencies) including dates

Are you registered with a psychiatrist? Yes No If yes, please ensure details are given in Section 2.

Have you ever been sectioned under the mental health act? Yes No

If yes, give details:

Do you have a Community Psychiatric Nurse? Yes No

CPN's name:

Address:

Telephone:

May we contact your CPN/psychiatrist for more information? Yes No

Do you have a social worker? Yes No If yes, please ensure details are given in Section 2.

Do you have any warrants out for you? Yes No

If yes, where and what for?

Are you subject to any other court-imposed orders or conditions? Yes No

If yes, please give details

9. Cultural Background

Do you have any cultural needs that you would like us to be aware of? Yes No

If yes, give details:

10. Rehabilitation Programmes

We do not take people straight from detox. If you have had a drug or alcohol addiction you need to have been through detox and a stage 1 rehabilitation programme.

Have you been through rehab? Yes No

Where was it?

How long was the programme meant to be?

How long did you stay?

When did you leave? (approximate date)

If you didn't complete the programme, why did you leave?

Are you willing to accept a total ban on alcohol and street drugs? Yes No Want to discuss

Are you willing to co-operate with staff and to enthusiastically participate in the programme activities?
Yes No Want to discuss

Even though you are not required to have made any commitment to faith, are you aware that the supported accommodation is clearly based on Christian values? Yes No Want to discuss

Why do you want to come to The Bridge?

11. Financial Situation / Commitments

Do you have any dependents? Yes No
If yes, please give details

Ages of ALL children (if any)

Court orders or visiting rights regarding any of these children

Do you have a bedsit, flat or house? Yes No
If yes, is it ...

a) owned by you? Yes No

b) rented by you from a housing association or council? Yes No

c) rented by you from a private landlord? Yes No

Are you committed to a mortgage or continuing rent? Yes No

If yes, please give details

Are you committed to maintenance payments? Yes No

If yes, please give details

Do you have any debts? (eg fines, CCJs, drug & gambling debts) Yes No

If yes, how much & to whom?

Do you accept KWT will ask you to claim housing benefit and income support to help fund your stay in the Supported Accommodation? Yes No Want to discuss

Are you aware that if you are entitled to full housing benefit, you are required to make £_____ per week contribution towards rent? Yes No (If you work, rent is currently £_____ a week)

What benefits do you receive?

How much?

How often?

Do you have any difficulty with managing your money? Yes No

Are you currently in debt? Yes No

Have you ever accumulated rent arrears? Yes No

12. Personal Development

What ideas, plans or hopes do you have for the future about:

- a) relationships with people
- b) accommodation
- c) work
- d) education and other training?
- e) hobbies and interests you would like to develop

How do you think The Bridge will help you?

Is there anything else you would like to tell us about yourself for us to take into consideration when considering your application?

Declaration

The information given in this application form is accurate and correct to the best of my knowledge. I understand that giving false information could result in my application being withdrawn automatically.

I understand that under the Data Protection Act 1999, reports in support of my application may be requested and I consent to the disclosure of any information by Kingdom Way Trust seeking further information from my referring agency or other source relevant to my application.

Name (Signature): _____

Name (Print): _____

Date: _____

Equal Opportunities Monitoring

KWT aims to provide equality of opportunity and fair treatment for all applicants to the programme. In order to monitor the effectiveness of the Equal Opportunities policy, we would be grateful if you would complete this monitoring form.

The information on this form will not form the basis of selection

The information is confidential and will only be used for statistics

These categories are the same as those used in the Census of England and Wales, and as recommended by the Commission for Racial Equality.

Choose one section from A to E, and then tick a box to indicate your cultural background

- A White**
- British
 - Irish
 - Any other White background - please specify _____

- B Mixed**
- White & Black-Caribbean
 - White & Black-African
 - White & Asian
 - Any other mixed background – please specify _____

- C Asian or Asian British**
- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background – please specify _____

- D Black or Black British**
- Caribbean
 - African
 - Any other Black background – please specify _____

- E Chinese or Any Other Ethnic Group**
- Chinese
 - Any other background–please specify _____

I would describe myself as:

- Disabled
- Not Disabled

How did you hear about The KWT Supported Accommodation?

For Office Use Only

Name of Applicant

Date of receipt

Reviewed by

Supporting documentation

References obtained:

1. Name:

Date received:

Position/relationship to applicant:

2. Name:

Date received:

Position/relationship to applicant:

3. Name:

Date received:

Position/relationship to applicant:

Document	Required	Received (date)
Social worker/CMHT report	Y / N	
Psychiatrist report	Y / N	
Doctors letter	Y / N	
Drug counsellor reference	Y / N	
Pre-sentencing or probation report	Y / N	
Record of convictions	Y / N	
Other (specify)	Y / N	

application rejected

reason for rejection:

- under 18

- history of arson

- untreated schizophrenia, manic depression, psychosis

- primary diagnosis of schizophrenia, manic depression, psychosis

- primary diagnosis of sexual offending, rather than chemical dependence

- applicant is clearly not motivated

- another facility better suited _____

- other _____

application deferred

- currently on remand or bail (court case pending) – date of court case _____

- other _____

interview to be arranged

Interview Date/Time

Type of interview telephone interview prison interview in-person interview at _____

Details / comments