



Application Form

Residential Rehabilitation

Name

Date of birth

Age

Present Address

.....

.....

Contact Tel. No.

Nationality

Religion

Sex

Marital Status:

- Married Single Separated
- Widowed Divorced Living with a partner

How many children do you have?

What are their ages?

Name and Address of Next of Kin

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Relationship to you

Any legal actions outstanding

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Details of last conviction/sentence

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Details of previous convictions

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Details of Probation Orders

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Name and Address of Probation Officer

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Have you been in rehabilitation before? Yes No

If 'Yes' Where

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.....

When

Which Project are you Applying for?

1 Kenward House or Boons Park Yes No

2 Kenward Barn Yes No

3 Highgate Hall Yes No

4 Malthouse (2nd Stage) Yes No

5 Final Stages (3rd Stage) Yes No

6 Don't Know Yes No

What do you hope to achieve during your stay?

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Kenward Trust, Kenward House
 Yalding, Kent. ME18 6AH
 Tel: 01622 814187 Fax: 01622 815805
 e-mail: enquiry@kenwardtrust.org.uk

Kenward Trust (Registered Charity No. 265394)

Has there been any evidence of problems arising from:

- A Drugs or Alcohol Yes No
- B Violent behaviour Yes No
- C Excessive gambling Yes No

If your problem is alcohol, would you describe yourself as:

- An alcoholic A heavy drinker A hard drinker
- A problem drinker

If your problem is drugs, (or drugs and alcohol) are you:

- An addict A casual user

Have you ever suffered from:

- Hepatitis Yes No
- Epilepsy Yes No
- T.B. Yes No
- Schizophrenia Yes No
- H.I.V. Yes No
- Breakdown Yes No
- Loss of memory Yes No
- Depression Yes No

Are you presently taking medication Yes No

'Yes' what do you take?

- 1
- 2
- 3
- 4

Have you had or are you having any psychiatric treatment? Yes No

If 'Yes' Where

When

What for

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Name and Address of your doctor

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May we approach him/her for further details Yes No

Education

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What work do you prefer

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Name and Address of referral agency

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Telephone

Date Vacancy Required

Have you been formally assessed as needing Residential Care? Yes No

Date of Assessment

By Whom (Name and Address)

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Have Social Services agreed to fund your stay? Yes No

Which Social Services

Other Comments

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In signing this application, you are also giving permission for us to approach funding authorities, your medical practitioner and probation officer, on your behalf, if necessary.

Date

Signature