

Application Form

Residential Rehabilitation

Name
Date of birth
Age
Present Address
.....
.....
.....
.....
.....
Contact Tel. No.
Nationality
Religion
Sex
N.I. Number

Marital Status:

Married Single Seperated
 Widowed Divorced Living with a partner

How many children do you have?
What are their ages?
Name and Address of Next of Kin
.....
.....
.....
Relationship to you
Any legal actions outstanding

Details of last conviction/sentence

Details of previous convictions

Details of Probation Orders

Name and Address of Probation Officer

Have you been in rehabilitation before? Yes No

If 'Yes' Where
.....
.....
When

Which Project are you Applying for?

① Kenward House	<input type="checkbox"/> Yes	<input type="checkbox"/> No
② Forward at Boons Park	<input type="checkbox"/> Yes	<input type="checkbox"/> No
③ Kenward Barn	<input type="checkbox"/> Yes	<input type="checkbox"/> No
④ Naomi at Highgate Hall	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⑤ Malthouse (2nd Stage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⑥ Final Stages (3rd Stage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⑦ Don't Know	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What do you hope to achieve during your stay?

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

If '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

Name and Address of your doctor

May we approach him/her for further details Yes No

Education

What work do you prefer

Name and Address of referral agency

Telephone

Date Vacancy Required

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

Date of Assessment

By Whom (Name and Address)

Have Social Services agreed to fund your stay? Yes No

Which Social Services

Other Comments

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