

# Francis House Application for Residence

**STRICTLY CONFIDENTIAL**

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APPLICATION DATE \_\_\_\_\_ ADMISSION \_\_\_\_\_

## PERSONAL DETAILS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

NI NUMBER \_\_\_\_\_ NHS \_\_\_\_\_

NATIONALITY \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ RELIGION \_\_\_\_\_

ANY CHILDREN? \_\_\_\_\_ SIBLINGS? \_\_\_\_\_

ANY BROTHERS/SISTERS? \_\_\_\_\_

## NEXT OF KIN

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

## EDUCATION & INTERESTS

WHAT IS YOUR LEVEL OF EDUCATION?

- PRIMARY  GRAMMAR  
 SECONDARY  COLLEGE  
 COMPREHENSIVE  UNIVERSITY

WHERE DID YOU STUDY? \_\_\_\_\_

ANY HOBBIES/INTERESTS? \_\_\_\_\_

ANY SPORTS? \_\_\_\_\_

DO YOU HAVE A DRIVING LICENCE?  YES  NO

HAVE YOU BEEN BANNED FROM DRIVING?  YES

NO IF YES, WHEN? \_\_\_\_\_

LENGTH OF BAN \_\_\_\_\_

ANY OUTSTANDING LEGAL ACTION/FINES?

- YES  NO

IF YES, PLEASE GIVE BRIEF DETAILS OF CONVICTION OR SENTENCE

ANY PREVIOUS CONVICTIONS?  YES  NO

IF YES, PLEASE GIVE BRIEF DETAILS

## PROBATION OFFICER (IF APPLICABLE)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

## BENEFITS

IF YOU RECEIVE STATE BENEFIT PLEASE INDICATE BELOW:

- IS  DLA  ESA  PIP  PC

HOW DO YOU GET YOUR BENEFIT?

- BANK ACCOUNT DATE OF LAST PAYMENT \_\_\_\_\_

**MEDICAL**

HAVE YOU HAD ANY PROBLEMS WITH

- ALCOHOL       GAMBLING       VIOLENCE  
 DRUGS       BED WETTING

PLEASE GIVE DETAILS, IE FROM WHAT AGE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU TICKED ALCOHOL WOULD YOU DESCRIBE YOURSELF AS AN

- ALCOHOLIC       HARD DRINKER       BINGE DRINKER  
 HEAVY DRINKER       PROBLEM DRINKER

IF YOU TICKED DRUGS ARE YOU REGISTERED AS AN ADDICT/  
CASUAL USER?

- YES       NO

HAVE YOU SUFFERED FROM

- EPILEPSY       SCHIZOPHRENIA       HIV  
 DEPRESSION       BREAKDOWN TB       MEMORY LOSS

ARE YOU ALERGIC TO ANYTHING?       YES       NO

IF YES, PLEASE GIVE DETAILS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENTLY TAKING MEDICATION?  YES       NO

PLEASE LIST  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU HAD OR ARE YOU CURRENTLY HAVING

PSYCHIATRIC TREATMENT?  YES       NO IF

YES, PLEASE DESCRIBE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL PRACTITIONER**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_  
PHONE \_\_\_\_\_

**EMPLOYMENT**

WHAT TYPE OF WORK HAVE YOU PREVIOUSLY DONE?

- PROFESSIONAL       MANAGER       NON-MANUAL  
 CLERICAL       SEMI-SKILLED       UNSKILLED  
 ARMED FORCES       SELF-EMPLOYED       OTHER

JOB TITLE  
\_\_\_\_\_

DATES OF LAST PERIOD OF WORK  
\_\_\_\_\_

HOW WOULD YOU BENEFIT FROM YOUR STAY WITH US?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT SUPPORT COULD YOU CONTRIBUTE TO OUR COMMUNITY

AT FRANCIS HOUSE?

- CLEANING       DECORATING       GARDENING  
 KITCHEN       LAUNDRY       RECYCLING

**DETAILS OF PREVIOUS HELP (NAME & LOCATION OF CENTRE)**

TREATMENT CENTRE \_\_\_\_\_  
DRY HOUSE \_\_\_\_\_  
COMMUNITY \_\_\_\_\_  
HOSTEL \_\_\_\_\_  
HOSPITAL \_\_\_\_\_  
OTHER \_\_\_\_\_

The personal information that you provide will be handled by Assisi Community Care in accordance with the Data Protection Act 1998. It will be used as part of the process of assessing your application. Your information will not be used for any other purpose and will not be disclosed to any other parties except where this is otherwise required by law.

**SIGNATURES**

APPLICANT SIGNATURE \_\_\_\_\_  
NAME \_\_\_\_\_  
DATE \_\_\_\_\_  
  
PERSON SUPPORTING APPLICATION SIGNATURE \_\_\_\_\_  
NAME \_\_\_\_\_  
DATE \_\_\_\_\_

**REFERRAL AGENCY**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
FUNDING AUTHORITY/PROVIDER \_\_\_\_\_

**REFERRAL SOURCE (PLEASE TICK)**

- CRIMINAL JUSTICE AGENCY  SOCIAL SERVICES
- SELF-REFERRAL  MENTAL HEALTH TEAM
- GP/PRIMARY CARE  OTHER
- GENERAL HOSPITAL (INC A&E)
- LIAISON SERVICES (GEN HOS PSYCH)

**REFERRAL AGENCY COMMENTS**

PLEASE ATTACH ANY ADDITIONAL INFORMATION ON SEPERATE SHEETS. IF NECESSARY, CONTINUE OVERLEAF.

