**CONFIDENTIAL APPLICATION FORM**

**ADDITIONAL QUESTIONS FOR THE RECOVERY STREAM OF THE RESTORE PROGRAMME ATTACHED AT THE BACK OF THIS APPLICATION FORM**

**SECTION ONE: PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | | | | | | | First Name: | | | | | | | | | | | | | |
| Preferred Name: | | | | | | | Title: | | | | Date of Birth: | | | |  | | | Age |  | |
| Address: | | | | | | | Phone: | | | | | | | | | | | | | |
| Mobile: | | | | | | | | | | | | | |
| NI Number: | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | |
| Place of Birth: | | | | | | | Nationality: | | | | | | | | | | | | | |
| Occupation Details: *(If a student please explain, i.e. deferred for a year etc.)* | | | | | | | | | | | | | | | | | | | | |
| Religion: |  | | | | | | | | | | | | | | | | | | | |
| Marital Status: | Married | |  | Single | | | |  | | Divorced | |  | | Widowed | |  | Partner | | |  |
| |  | | --- | | I give permission for City Hearts Aberdeen to hold and store my information. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please sign) | | | | | | | | | | | | | | | | | | | | | |
| Please tick any of these to indicate your income sources:  ***Please note that City Hearts requires you to be eligible to receive public funds.*** | | | | | | | | | | | | | | | | | | | | |
| Full Time Employment | | | | | |  | | | Housing Benefit | | | | | | | | | |  | |
| Part Time Employment | | | | | |  | | | Job Seekers Allowance | | | | | | | | | |  | |
| Student Loan | | | | | |  | | | Employment & Support Allowance | | | | | | | | | |  | |
| Other: | | | | | | | | | Disability Living Allowance | | | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | | | | |  | |
| If you have any children please give details below: | | | | | | | | | | | | | | | | | | | | |
| Name: | | Age: | | | Briefly describe your relationship with child: | | | | | | | | | | | | | | | |
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| **Please give details of who will look after your children in the references section of the form.** | | | | | | | | | | | | | | | | | | | | |

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| **Next of Kin** | | | | |
| Name: | | Phone: | | |
| Address:  Postcode: | | Mobile: | | |
| Work: | | |
| Email: | | |
| **Education** | | | | |
| Age education Started: |  | | Age when finished education: |  |
| Briefly list any qualifications you hold including level & grade awarded: | | | | |
| **Current Housing Situation** | | | | |
| Please indicate where you are living currently and what the arrangement is: | | | | |
| If you are being evicted, when and why: | | | | |
| What is the date your tenancy ends and, if applicable, what is the length of notice which needs to be given? *There is space on our references form for the details of your current housing provider.* | | | | |

**SECTION TWO: PERSONAL AND MEDICAL HISTORY**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever had counselling, psychotherapy or psychiatry in the past? | | | | | | Yes |  | No |  |
| Please provide details (Use a separate sheet if you need to) | | | | | | | | | |
| ***Please complete your therapist's contact details at the end of the application*** | | | | | | | | | |
| Have you ever been hospitalised for emotional /psychological problems? | | | | | | Yes |  | No |  |
| Give details below, including dates and length of hospital stay: | | | | | | | | | |
| Have you ever been part of another residential programme like City Hearts? | | | | | | Yes |  | No |  |
| If so, what was the result?  ***Please add their details to the references section of this form. We will need to contact them.*** | | | | | | | | | |
| Do you have a history of self-harm? | | | | | | Yes |  | No |  |
| Give details below of how frequently this occurs or has occurred in the past: | | | | | | | | | |
| Have you ever had suicidal tendencies or made an attempt before? | | | | | | Yes |  | No |  |
| Give as much detail as possible of what you planned, including dates: | | | | | | | | | |
| Do you smoke? | Yes |  | No |  | How many per day? | | | |  |
| When did you start smoking? | | | | | | | | | |
| Have you ever tried quitting before? | | | | | | Yes |  | No |  |
| Are you interested in smoking cessastion? | | | | | | Yes |  | No |  |
| ***Please note that City Hearts Housing has a zero tolerance policy for residents smoking within its premises*** | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Do you drink alcohol regularly? | | | Yes |  | No |  |
| What kind of alcohol do you drink, how much & how often? *(Please provide as much detail as possible)* | | | | | | |
| ***Please note that City Hearts is a dry house and has a zero tolerance policy for any clients drinking whilst staying with us.*** | | | | | | |
| Do you take drugs? | | | Yes |  | No |  |
| Please specify what drugs you are taking, their quantity, frequency and how they are administered: | | | | | | |
| Have you ever received treatment for drug or alcohol abuse? | | | Yes |  | No |  |
| If yes please give details, including dates and length of time 'clean': | | | | | | |
| Have you any ongoing medical problems that City Hearts would need to be aware of? | | | | | | |
| Please detail below: | | | | | | |
| Are you or could you be pregnant? | I am pregnant |  | Could be |  | No |  |
| Do you have a Social Worker? | | | Yes |  | No |  |
| Do you have a Probation Officer? | | | Yes |  | No |  |
| ***Please provide contact details at the end of the application*** | | | | | | |

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| Please provide details of why you are in their care, in as much detail as possible: | | | | | |
| Do you have a criminal record? | | Yes |  | No |  |
| *Please provide details including & of criminal convictions received* | | | | | |
| **Date** | **Offence** | | | | |
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| Do you have any outstanding warrants? | | Yes |  | No |  |
| Do you have any outstanding court appearances? | | Yes |  | No |  |
| Have you been prosecuted for a violent offense? | | Yes |  | No |  |
| If yes to any of the above questions please provide details including dates: | | | | | |

**SECTION THREE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Behaviours** | | | | |
| *Please circle any of the following which you feel apply to your current behaviours at the moment:* | | | | |
| Binging | Crying | Out of control | Anger | Washing / Cleaning |
| Sleeplessness | Phobic Reactions | Self isolating | Attention seeking | Promiscuous |
| Worrying | Not Eating | Taking drugs | Under assertive | Anxiety |
| Can’t talk | Hygienic | Drinking | Self harming | Depression |
| Lying | Stress | Purging | External Processing | Panic |

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| **Physical Sensations** | | | | |
| *Please circle any of the following which occur on a regular basis:* | | | | |
| Dizziness | Bowel Problems | Blackouts | Headaches | Palpitations |
| Flushes | Breathlessness | Tingling feelings | Nausea | Hearing things |
| Excess sweating | Fatigue | Back Pain | Fainting | Chest Pain |
| Dry mouth | Sleepwalking | Hallucinations | Numbness | Twitches |
| Skin Problems | Tension | Sleepless | Dislikes touch | Trembling |
| Blood Clots | Epilepsy | Diabetis | Nightmares | Flashbacks |

|  |
| --- |
| Please describe your current sleep routine; including sleep times and any night disturbances: |

**SECTION FOUR: YOUR APPLICATION**

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| Please put in your own words, why you would like to come to City Hearts Housing and what you would like to achieve: |
| If you were not accepted what would you do? |
| If your application is successful, where would you like to see yourself going once you have completed the programme? *Give as much detail as possible about your hopes, dreams and ideas for the future:* |

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| **What areas of the Restore Programme would you like to access? Please indicate by circling** | | |
| PERSONAL DEVELOPMENT | LIFE SKILLS DEVELOPMENT | HEALTH AND WELLBEING |
| SOCIAL DEVELOPMENT | RECOVERY | SPIRITUAL DEVELOPMENT |
| **If you wish to access the Recovery Stream please complete the additional questions at the back of this application form** | | |

**SECTION FIVE: Referees**

|  |  |
| --- | --- |
| You **must** give details of two referees we can contact with regards to your application. These must not be family or friends. | |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |
| **Important Contact Details** | |
| **Therapist Contact Details** | |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |
| **Social Worker Contact Details** | |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |
| **Probation Officer Contact Details** | |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |

|  |  |
| --- | --- |
| **GP Contact Details: We are unable to processs your application without these details** | |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |
| **Current Housing Provider Contact Details** | |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |
| **Previous Programme Contact Details** | |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |
| **Child Placement Contact Details** | |
| Name: | Phone: |
| Address:  Postcode: | Mobile: |
| Work: |
| Email: |

**CITY HEARTS INFORMATION GATHERING/SHARING CONSENT FORM**

|  |  |
| --- | --- |
| **Declaration** | |
| **I give City Hearts permission to acquire any information concerning my medical history from my doctor and information about treatment from other professionals throughout the duration of the programme, and to act on my behalf regarding my benefits whilst I am on programme.**  **I have completed this application form truthfully, and to the best of my knowledge. I understand that any misleading information could jeopardise my entrance onto the programme or my remaining on it.**  **All information is stored in line with GDPR regulations and you can see our privacy statement here:** [**http://city-hearts.co.uk/aboutus/privacy-policy**](http://city-hearts.co.uk/aboutus/privacy-policy)**.** | |
| **Signed:** | **Print Name:** |
| **Date:** |  |

Unsuccessful, withdrawn and uncontactable applications will be kept on file 6 months after receipt. Should you wish to opt out City Hearts holding this data in the event of this eventuality please tick here :

**Please return your completed form to:**

Applications

City Hearts Aberdeen

The Junction

5 Bon Accord Terrace,

Aberdeen,

AB116DP

**ADDITIONAL QUESTIONS FOR WOMEN INTERESTED IN THE RECOVERY STREAM**

**SECTION A: MORE DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Education** | | | | | | |
| Give brief details about whether or not you enjoyed school: | | | | | | |
| Were you ever teased or bullied at school? Give brief details: | | | | | | |
| **Personal and Medical History** | | | | | | |
| Would you describe yourself as a binge eater? | | | Yes |  | No |  |
| **If yes:** | Please describe your eating habits over one week: | | | | | |
| Do you purge? | | | Yes |  | No |  |
| **If yes:** | Please describe how often this occurs over one week: | | | | | |
| Would you describe yourself as a non-eater? | | | Yes |  | No |  |
| **If yes:** | | Please describe your eating habits over one week: | | | | |
| Would you describe yourself as a over eater? | | | Yes |  | No |  |
| **If yes:** | | Please describe your eating habits over one week: | | | | |
| Have you ever used laxatives or diet pills? Please detail below when this started and how frequently you use them: | | | | | | |

**SECTION B: FAMILY HISTORY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Father’s Name: |  | | | Occupation: |  | | | | |
| Briefly describe your relationship with your father: | | | | | | | | | |
| Mother’s Name: | |  | Occupation: | |  | | | | |
| Briefly describe your relationship with your mother: | | | | | | | | | |
| Do you have any siblings? | | | | | | Yes |  | No |  |
| If yes please provide details: *ie. Brother age 13* | | | | | | | | | |
| If you were not brought up by your biological parents please give details below , including any details of foster carers, step-parents and other relatives: | | | | | | | | | |
| How would you describe your childhood? | | | | | | | | | |

**SECTION C: PRESENT PROBLEMS**

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| --- |
| Please State in your own words the main issues for which you are seeking help: |
| If possible, please indicate the severity of these issues and how they affect your daily life: |
| Is there anything that relieves these problems? |
| Is there anything that makes them worse? |
| When and how did these issues seem to start? |
| Is there anything you do too much of? |
| Is there anything you do too little of? |
| What do you see as your current strengths, gifts and talents? |
| What do you see as your weaknesses and areas to work on? |
| What are the most Positive feelings you have experienced recently? |
| When are you most likely to lose control over the way you feel? |
| Describe any situation which makes you calm or relaxed: |
| Describe any situation which makes you feel tense: |

**SECTION D: INTERPERSONAL RELATIONSHIPS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you make friends easily? | Yes |  | No |  |
| Do you feel relaxed in large social situations? | Yes |  | No |  |
| If you have a current partner please describe your relationship to them: | | | | |
| If you have children briefly describe your relationship with their father. | | | | |

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| --- |
| **Significant Information**  *Use this space below to add any additional information that you feel City Hearts need to be aware of in terms of your application.* |
|  |

**Please return your completed form to:**

Applications

City Hearts Aberdeen

The Junction

5 Bon Accord Terrace,

Aberdeen,

AB116DP