

Resettlement Stage 2/3

Application Form

For assistance completing this form, please contact 01622 816086
or email resettlement@kenwardtrust.org.uk

Name		Date of Birth			
Current Address					
Contact Number		Nationality			
Email		Gender		Prefer not to say	
Religion/ Spirituality		N.I. Number			

Married	Single	Separated	Widowed	Divorced	Living with a Partner	Civil Partnership
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Do you have any children?	Yes / No	If yes, what are their ages?	
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Contact Details for Next of Kin (Name, Address, Email, Telephone Number)	
Relationship to you	

GP Surgery & Address	
NHS Number	

Details of Outstanding Legal Actions/Conviction History/ Probation Orders	
Probation Officer Name, Address, Telephone Number and Email	

Have you been in rehab or detox before?	Yes / No	If yes, Where and When?	
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Do you consider yourself to have problems with?	Drugs		Alcohol		Both	
Do you have any physical health concerns?	Yes / No	If yes, please specify				
Are you presently taking medication?	Yes / No	If yes, what do you take?				
Do you have any mental health or psychological problems?	Yes / No	If yes, please describe				
Are you under the care of Mental Health services or have you recently been?	Yes / No	If yes, please specify				

Contact Details of Referring Agency and Support Worker (Name, Address, Telephone Number)	
Date Vacancy Required?	

What Proof of ID do you have?	
What Current Benefits do you receive?	
Current Accommodation Status? (Rough Sleeping/ Sofa Surfing/ Hostel/ B&B/ Threat of Eviction/ Prison)	

<p>Do you give us permission to contact relevant parties relating to content on this form to progress your application, if appropriate?</p>	<p>Yes / No</p>
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<p>Where did you hear about our Services?</p>	
<p>What do you hope to achieve during your stay?</p>	

<p>Signature</p>			
<p>Print Name</p>		<p>Date</p>	

Following this referral, the client will be contacted directly for an initial chat, and then to arrange assessment. Please use this space below for any further information that would support your application.