



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: <i>(If a student please explain, i.e. deferred for a year etc.)</i>										
Religion:										
Marital Status:	Married		Single		Divorced		Widowed		Partner	

Please tick any of these to indicate your income sources: <i>Please note that City Hearts requires you to be eligible to receive public funds.</i>			
Full Time Employment	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>
Part Time Employment	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>
Student Loan	<input type="checkbox"/>	Employment & Support Allowance	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Disability Living Allowance	<input type="checkbox"/>

If you have any children please give details below:		
Name:	Age:	Briefly describe your relationship with child:

Please give details of who will look after your children in the references section of the form.



Next of Kin			
Name:		Phone:	
Address:		Mobile:	
		Work:	
Postcode:		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? <i>There is space on our references form for the details of your current housing provider.</i>			



SECTION TWO: PERSONAL AND MEDICAL HISTORY

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 cessation?	Yes		No			
Please note that City Hearts Housing has a zero tolerance policy for residents smoking within its premises						



Do you drink alcohol regularly?		Yes		No	
What kind of alcohol do you drink, how much & how often? <i>(Please provide as much detail as possible)</i>					
<i>Please note that City Hearts is a dry house and has a zero tolerance policy for any clients drinking whilst staying with us.</i>					
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:					
Do you feel comfortable with your sexuality?		Yes		No	
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	
<i>Please provide contact details at the end of the application</i>					



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

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				
<i>Please circle any of the following which you feel apply to your current behaviours at the moment:</i>				
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

Physical Sensations				
<i>Please circle any of the following which occur on a regular basis:</i>				
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

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:*



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:	Mobile:
	Work:
Postcode:	Email:
Name:	Phone:
Address:	Mobile:
	Work:
Postcode:	Email:
Important Contact Details	
Therapist Contact Details	
Name:	Phone:
Address:	Mobile:
	Work:
Postcode:	Email:
Social Worker Contact Details	
Name:	Phone:
Address:	Mobile:
	Work:
Postcode:	Email:
Probation Officer Contact Details	
Name:	Phone:
Address:	Mobile:
	Work:
Postcode:	Email:



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



CITH HEARTS INFORMATION GATHERING/SHARING CONSENT FORM

Declaration	
<p>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.</p> <p>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.</p>	
Signed:	Print Name:
Date:	

Please return your completed form to:

Applications
City Hearts Head Office
The Megacentre
Bernard Road
Sheffield
S2 5BQ



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
If yes please provide details: <i>ie. Brother age 13</i>			No
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

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.



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:

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City Hearts Head Office
The Megacentre
Bernard Road
Sheffield
S2 5BQ