

## Please tick the answer that applies to you

Mr    Miss    Mrs    Ms                       Male    Female

First Name	Middle Name(s)	Surname
Date of Birth	Age	National Insurance No.

## Please enter your current address and telephone numbers

House Number / Name or Accommodation Provider	Street	
Village	Town / City	County
Post Code	Landline Tel No:	Mobile Phone No:

## What type of accommodation do you currently live in?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Living with family      | <input type="checkbox"/> RSL / HA Tenancy                | <input type="checkbox"/> Staying with Friends          |
| <input type="checkbox"/> Bed and Breakfast       | <input type="checkbox"/> Local Authority Tenancy         | <input type="checkbox"/> Children's Home / Foster Care |
| <input type="checkbox"/> Supported Housing       | <input type="checkbox"/> Prison                          | <input type="checkbox"/> Approved Probation Hostel     |
| <input type="checkbox"/> Sheltered Housing       | <input type="checkbox"/> Sleeping Rough                  | <input type="checkbox"/> Short Life Housing            |
| <input type="checkbox"/> Care Home               | <input type="checkbox"/> Long Stay in Hospital / Hospice | <input type="checkbox"/> Tied Home or Renting with Job |
| <input type="checkbox"/> Owner Occupier          | <input type="checkbox"/> Acute Psychiatric Hospital      | <input type="checkbox"/> Direct Access Hostel          |
| <input type="checkbox"/> Renting Privately Owned | <input type="checkbox"/> Sofa Surfing                    | <input type="checkbox"/> Other Temporary Accommodation |

Other Accommodation Type, please give details
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Are you claiming Housing Benefit?

Yes    No

Name of your Local Housing Authority

Do you have a Tenancy Agreement?

Yes    No

If you have a Tenancy Agreement are you willing to give up this accommodation should you be accepted at Amber?

Yes    No

Where is your home?

Rural Location    Suburbs    Inner-city

If your current address is an institution, please detail YOUR home town and county

## Do you have any children?

Yes    No

What age are your children?

0-5    6-11    12-15

Who takes care of your child or children?

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Their mother | <input type="checkbox"/> A grandparent | <input type="checkbox"/> In a care home  |
| <input type="checkbox"/> Their father | <input type="checkbox"/> An uncle      | <input type="checkbox"/> A foster parent |
|                                       | <input type="checkbox"/> An aunt       |  |

If none of the above, please give details?
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### What is your Sexual Orientation?

- Information withheld  
  Straight  
  Bisexual  
  Lesbian  
  Gay Man

### What Religion are you?

- Baha'i  
  Japanese Other  
 Buddhist  
  Jewish  
 Chinese Other  
  Muslim  
 Christian  
  Rastafarian  
 Hindu  
  Sikh  
 Jain  
  Zoroastrian

### What is your Ethnic Origin?

- Asian Indian  
  Black Other  
 Asian Bangladeshi  
  Far Eastern  
 Asian East African  
  Middle Eastern  
 Asian Pakistani  
  White European  
 Black African  
  White UK  
 Black Caribbean  
  White Other

Information withheld

Information withheld

Other Religion type, please give details

Other Ethnic Origin, please give details

Have you moved to the UK in the last year?  Yes  No

### Details of your Next of Kin (Who should we contact if something happens to you?)

- Mr  
  Miss  
  Mrs  
  Ms  
  Next of Kin not known

First Name	Surname
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House Name or Number	Street		
Village	Town / City	County	
Post Code	Landline Tel No:	Mobile Phone No:	

What is your relationship with your Next of Kin?

- Mother  
  Uncle  
  Guardian  
 Father  
  Aunt  
  Step-Mother  
 Spouse  
  Brother  
  Step-Father  
 Partner  
  Sister  
  Foster Parent  
 Friend  
  Grandparent

When did you last make contact with your Next Of Kin?

- Within 1 year  
 1-2 years  
 3-4 years  
 5 years or more

If Next of Kin is not shown above, please give details:

### GP Details

GP Details not known

Doctor's Name

Property Name or Number	Street		
Village	Town / City	County	
Post Code	Landline Tel No:	Fax No:	

**Are you currently on any medication for any reason?**  Yes  No

If you are on medication please give the details including type of medication and the dosage per day

Type of Medication	Quantity per use	Used to Treat

**Have you ever been diagnosed with any of the following?**

- Information withheld  
  HIV/AIDS  
  Hepatitis B  
  Hepatitis C  
  Diabetes  
  Asthma

Please give details of any other medical conditions that you have suffered from:

**Have you suffered from any of the following?**

- Depression  
  Anxiety  
  Paranoia  
  Eating Disorder  
  Schizophrenia  
  Sleep Disorder  
  Self Harm  
  Addiction

Please give details of any other mental conditions that you have suffered from:

**Do you drink alcohol?**  Yes  No

Please indicate the amount of alcohol you consume per day or per week:

**Are you currently on a Probation Order?**  Yes  No

My Probation Officer's Name is	My Probation Officer's Contact Number is
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Please give details of the Order:

**Have you been convicted of any of the following?**

- Theft  
  Damage / Vandalism  
  Assault  
  Burglary  
  Public Order  
  Drunk and Disorderly  
  Violence  
  Schedule One  
  Arson  
  Drug Possession  
  Drug Selling

**Have you been to prison?**

- Yes  No

Prison Number (if known):

### How are you with reading, writing and numbers?

**Reading**

- Good
- Average
- Need help

**Writing**

- Good
- Average
- Need help

**Numbers**

- Good
- Average
- Need help

Have you been diagnosed with Dyslexia?

- Yes
- No

Have you been diagnosed with ADHD?

- Yes
- No

Did you finish school?

- Yes
- No

### Qualifications Gained?

What Qualifications Do You Have?

### What Benefits Are You Claiming?

- JSA  
  Income Support  
  Incapacity Benefit  
  New Deal  
  Disability Living Allowance  
  Other  
  Not Claiming

Location of Benefits Office

Are you currently on a Programme?

- Yes  
  No

If Yes, Programme Name?	Date Started
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If claiming JSA, please give the month and year you started your claim

Are you paying back any outstanding loans, fines etc. from your current benefit?    Yes    No

Loan, fine etc description	How much?	How often?

**Your Drug Usage**

The following information will assist Amber in helping you. Please complete the following

Drug Type	Do you inject?	Have you used in the past?	Do you currently use?	How long have you used for?	How long since you last used?	How often?
Base	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ketamine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amyl Nitrate (Poppers)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
LSD		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Gas/Solvents		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Benzodiazepines		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cannabis		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ecstasy		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please detail any other drugs or substances information you feel Amber should take into account

**How do you feel you might benefit from staying at Amber?**

A large, empty rectangular box with a thin black border, intended for the user to provide their response to the question above.

Attn:	Fax No:
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Amber  
Ashley Court  
Chawleigh, Devon, EX18 7EX  
Tel: 01769 582022  
Fax: 01769 582026

## Consent Form

There may be some information on your application which will be confidential, for example your medical records etc. Amber may need to gain access to this information. You do not have to consent but failure to do so may result in your application being delayed or declined.

I ..... hereby give Amber my consent to contact any\* of the following in order to ascertain my suitability for a placement. I also give authorisation for Amber to discuss my details with them whilst I reside with Amber.

\* please delete where consent is not given

Present General Practitioners	
Amber provided GP	Wallingbrook Health Centre
NHS / Mental Health Team	
Local Police	Devon and Cornwall Police
Local Pharmacies	
The Probation Service	Devon and Cornwall Probation Area and
Solicitor	
Drugs Agencies you have accessed	
Key workers you have accessed	
Previous Landlords	
Parents	
Social Services/Worker	
School/College	
Benefits Agency	
Employment Service	
Other	
Other	

I understand that Amber has a confidentiality policy and will not disclose information to any person not listed above without my express consent. This agreement complies with the requirement for explicit consent to be given under Schedule 3 of the Data Protection Act 1998.

Applicant's Signature:	Dated:
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Should you be accepted, on your start date you **MUST** bring with you **two forms of identification**, one from each of the lists below. This information is needed in order to obtain housing benefit.

**IMPORTANT:** Failure to produce these documents may result in a refusal of admittance.

### List 1

- Bank statement (dated within the last four weeks)
- Benefit payment books
- Birth Certificate (Full or Short)
- Certificate of HM Forces employment
- Credit Cards
- Divorce/Annulment papers
- Driving License
- Home Office Standard Acknowledgement Letter (SAL 1 or 2)
- Letter from Solicitor/Probation Officer/Inland Revenue
- Life Assurance or Insurance Policy
- Marriage certificate
- Medical Card
- Passport (Current and valid)
- UK Residence Permit
- Utility bill paid in the name of the Claimant for the last quarter
- Wage slips from current employer
- Any other official document with your name and address on may be accepted – please enquire at the Benefit Office.

### List 2

- P45
- P60
- Wage/Salary statement or slip
- Tax letter
- Letter from the DSS
- RD3 NINO Card (National Insurance Number Card)
- Benefits books (Retirement Pensions/Family Credit/Etc)
- Bank Statement of self employed persons paying class 2 contribution