

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 |
| <input type="checkbox"/> Supported Housing | <input type="checkbox"/> Prison | <input type="checkbox"/> Care Approved Probation |
| <input type="checkbox"/> Sheltered Housing Care | <input type="checkbox"/> Sleeping Rough | <input type="checkbox"/> Hostel Short Life Housing |
| <input type="checkbox"/> 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

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 own 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?

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

Information withheld

What is your Ethnic Origin?

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

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 a resident to write their response to the question above.



Official Use Only

Attn:	Fax No:
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Confidential

Consent Form

Amber
 Bythesea Lodge
 Bythesea Road
 Trowbridge, Wiltshire
 Tel: 01225 759900
 Fax: 01225 759909

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	
NHS / Mental Health Team	
Local Police	
Local Pharmacies	
The Probation Service	
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 or 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