



APPLICATION FORM

Date Received: _____
Interview Date: _____
Interviewer: _____
Date Arrived: _____

Please return to the Manager, Chris Saunders, at
HOUSE OF HEROES, Ovis Farm, Bratton Fleming, North Devon, EX31 4TP

Notes: The information provided on this form will only be shared with agencies and people directly involved with your case.
Please write clearly and try to complete as much of the form as you can, this will enable us to process your application quicker

Name of project applying for: _____ Project Male/female: _____

Personal Details

Name: _____

Contact Address: _____

_____ Post Code: _____

Telephone No: _____ Mobile No: _____

National Insurance No: _____ Prison No. (If applicable): _____

Date of Birth: _____ Age: _____

Ethnic Origin (please circle):

White British White Irish White Other White and Black Caribbean White and Black African

White and Asian Other Mixed Background Indian Pakistani Bangladeshi Other Asian

Black Caribbean Black African Other Black Background Chinese Any other Ethnic Group

Name of Next of Kin: _____ Relationship to you: _____

Address _____

_____ Post Code: _____

Telephone No: _____ Email address: _____

1. Please circle the type of Benefits you receive: Housing Benefit Income Support Pension
Incapacity Allowance Disability Allowance JSA Employment Support Allowance Other: _____

2. How much benefit do you receive: £ _____ weekly / fortnightly

3. Do you have any Long Term Illness or Disability: YES / NO

If YES, what is it? _____

4. Please indicate any prescribed medicine you are taking: _____

5. How would you describe your present living arrangements: Homeless, Rough sleeper, Traveller, Hospital,

6. Prison, B & B, Staying with friends, living with family, Supported / Sheltered housing,

7. Name of the person who referred you: _____

8. Name of referring agency/organisation: _____

9. How long have you been addicted? _____

10. Are you in treatment for your addiction? YES/NO

11. Please list the main drugs you have used and the amounts you have used or are using under the relevant headings, as best you can.

Hallucinogens: _____

Opiates: _____

Stimulants: _____

Tranx: _____

Solvents: _____

Alcohol: _____

12. Concerning drinking alcohol, how would you describe yourself? Please circle

Alcoholic Heavy drinker Binge Drinker Social drinker Teetotaller

13. Say in your own words why you want to give up drugs/alcohol and come to House of Heroes?

14. Please list the names and addresses of any drug or alcohol services that you have been involved with in the past:

Rehab _____
Drug or Alcohol Team _____
De-tox _____

15. Are you suffering from depression? YES / NO

16. Do you have a history of mental illness? YES / NO

17. Please give details of recent treatment/hospitalisation

18. Are you paying any fines? YES / NO

If YES how much is left to pay? £ _____ and to which Court? _____

19. Please give details of your current legal situation, in particular give details of any Outstanding charges against you and if you are on a probation order or any court orders

20. Please give the approximate date and place of any outstanding Court appearances (if applicable)

21. Do you have any previous convictions? YES/NO

If yes are there any (please circle):

Sex Offences Arson Violence Theft Burglary Vehicle Drugs

Please give details of any below: (continue on a separate piece of paper if necessary)

22. Religion/Faith: _____ Do you regularly attend a place of worship? YES / NO

If yes, where is your place of worship? _____

23. The programmes run by the House of Heroes are Christian in ethos and although you do not have to be a Christian to be a resident, would you respect the ethos of our programme? YES / NO

23a. Do you have any cultural needs or any special cultural dietary requirements

24. When would you be available to become a Resident with House of Heroes?

25. Do you understand that you will not be able to take any addictive or mood altering drugs, whilst you are a resident with House of Heroes? YES / NO

26. Do you understand that you will not be able to drink alcohol at any time whilst you are a resident with House of Heroes? YES / NO

27. Do you understand that you are not permitted to smoke anywhere on the whole project except in the smoking shelter outside the main house and will have to abide by the House Rules regarding your smoking habit whilst you are a resident with House of Heroes?

YES / NO

The answers that I have given throughout this application form are true and accurate and I hereby apply to come to House of Heroes. I am prepared to co-operate fully with the programme and abide by the Conditions of Residence as outlined in the Support Plan, House Rules and in the Resident's Contract, which I have read.

Signature of Applicant _____ Date _____

Please list the **FULL NAMES, ADDRESSES AND TELEPHONES NUMBERS** of the people listed below. Please be clear about these details or your application may be delayed.

PLEASE PRINT IN BLOCK CAPITALS

REFERRING AGENCY

Name: _____ Tel No: _____

Address: _____

MAIN REFEREE (This may be your Probation Officer, Social Worker, Drugs Worker, Doctor, etc)

Name: _____ Tel No: _____

Address: _____

PROBATION OFFICER (the present one or the last one to deal with you.)

Name: _____ Tel No: _____

Address: _____

SOCIAL WORKER (the present one or the last one to deal with you)

Name: _____ Tel No: _____

Address: _____

DRUG/ALCOHOL WORKER

Name: _____ Tel No: _____

Address: _____

DOCTOR (the present one or the last one to deal with you.)

Name: _____ Tel No: _____

Address: _____

PSYCHIATRIST (the present one or the last one to deal with you)

Name: _____ Tel No: _____

Address: _____

AUTHORISATION FORM

You must **PRINT** your name and sign **ALL** the following statements:-

I _____(name) authorise the staff of House of Heroes to contact any person/s I so designate, to seek full information about me when considering my application to join their rehabilitation programme, on the understanding that it will be in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of House of Heroes to seek medical, social and psychiatric reports about me for the purpose of considering my application to join their rehabilitation programme, on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of House of Heroes to seek pre-sentence, probation and legal reports about me for the purpose of considering my application to join their rehabilitation programme, on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of House of Heroes to seek medical, social and/or psychiatric help, if it is deemed by the staff I am not in a fit state, either mentally or physically, to make the decision for myself.

Signed _____ Date _____

I _____(name) authorise the staff of Heroes to seek information with regards to my debts and finances on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____

I _____(name) authorise the staff of House of Heroes to seek information from the Benefits Office with regards to my benefits, on the understanding that it will be treated in the strictest confidence.

Signed _____ Date _____