

APPLICATION FORM

Name & current address.

Date of birth: Telephone Numbers (inc mobile):
Home address if different from above

Why do you want to come to Pilsdon? How do feel that coming to Pilsdon will help you?

What are you able to offer to the life of the Community at Pilsdon?

Do you have any concerns about your health at present?

What is the name and address of your GP?

Are you seeing any specialists? Please give details.

Do you have a social worker, probation officer, community nurse or other professional help at present? If so please give details

Have you had any serious illnesses in the past? Please give details

Do you have any allergies or special dietary requirements?

Have you had a problem with drugs or alcohol? If you have please give details
Do you require a detox before coming?

If you have a record of criminal offences, please tell us about them.

Are you receiving any benefits? Are you eligible to receive housing benefit?

What is your current accommodation? (e.g. rented/living with family/homeowner etc.)

Who is your next of kin? Please give details of names and addresses:

Please place a tick to tell us your ethnic background and religion. (This information helps us to ensure that we are not acting discriminatively and to provide the appropriate support).

Ethnic background

White – British Irish Other

Mixed – White & Black Caribbean White & Black African White & Asian Other

Asian or Asian British – Indian Pakistani Bangladeshi Other

Black or Black British – Caribbean African Other

Chinese or other ethnic – Chinese Other

Refused –

Religion – Buddhist Christian Muslim Sikh Jewish Hindu Other

Signed _____

Date _____

IT IS VERY IMPORTANT THAT YOU FILL IN BOTH CONSENT FORMS BELOW,
SIGNING EACH.

CONSENT FOR RELEASE OF INFORMATION

I consent to the relevant personal information being given to the Pilsdon
Community by the persons/organisation named below, for the purpose of my
application to that community, on the understanding that any information
released to Pilsdon will be treated as confidential.

Signed..... Date.....
Your Name and Address (please print)

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Names and Address of your Doctor

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Name and Address of another professional person who knows you (e.g. Social
Worker, Probation Office, Community Psychiatric Nurse etc.)

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CONSENT FOR RELEASE OF INFORMATION

I consent to the relevant personal information being given to the Pilsdon Community by the persons/organisation named below, for the purpose of my application to that community, on the understanding that any information released to Pilsdon will be treated as confidential.

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