

THE PILSDON COMMUNITY



Reg Charity 1153924

Pilsdon Manor
Pilsdon
BRIDPORT
DT6 5NZ
Tel 01308 868308
Fax 01308 868161

GUEST APPLICATION FORM

Pilsdon was founded in 1958 as a community of people who endeavour to live together as one household according to the precepts of the Christian Gospels, offering shelter, hospitality and spiritual refreshment for those in need of refuge without regard to gender, race or creed.

There is a daily pattern of prayers (optional), meals, work and recreation. Everyone is expected to assist to the best of their ability with any work required. It is a dry house and the consumption of alcohol or illicit drugs on or off the premises is not allowed. Pilsdon is not a detoxification or treatment centre and does not accept people on methadone or similar prescriptions.

There is a referral process, this form being the first stage. We aim to make Pilsdon a safe place for those who live here. We do not accept people who have a history of, or convictions for sexual abuse, arson or non-drug /alcohol related violence.

Information that you give on this form will be treated as confidential unless it is clearly necessary to share it to protect your health or safety or the health and safety of others.

Name & current address.	Male <input type="checkbox"/> Female <input type="checkbox"/>
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?	

e-mail: Pilsdon@btconnect.com
website: www.pilsdon.org.uk

Revised November 2013

Are you taking any medication? If so what and for what condition(s)?

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.

<p>Do you have any allergies or special dietary requirements?</p>
<p>Have you had a problem with drugs and/or alcohol? If you have please give details. Do you require a detox before coming to Pilsdon?</p>
<p>If you have a record of criminal offences, please tell us about them.</p>
<p>Are you receiving any benefits? Are you eligible to receive housing benefit? (You will need to be in receipt of Housing Benefit & other benefits or have independent means to cover your costs – please note we cannot accept people who are on JSA).</p>
<p>What is your current accommodation (e.g. rented/living with family/homeowner etc.)?</p>
<p>Emergency contact details:</p>

Please tick the box 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 _____

THE PILSDON COMMUNITY



Your ref:

IT IS VERY IMPORTANT THAT YOU FILL IN THE **TWO** CONSENT FORMS, SIGNING EACH ONE.

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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Signed..... Date.....

Your Name and Address (please print):

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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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