

THE PILSDON COMMUNITY



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

Reg Charity 1153924

RESPITE VISITORS APPLICATION FORM

Respite Visitors are welcome to come to Pilsdon for short stays. They may be living with long term health problems or have experienced a life crisis.

For visitors we offer an opportunity to relax and join our common life of prayer, hospitality and work. This may include opportunities to join in the day-to-day work in the gardens, on the farm or in the kitchen. Our worship and spirituality is Anglican by foundation but ecumenical in expression and people of any faith, or none, are made welcome.

Pilsdon 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.

Amongst those who come to Pilsdon are those who value a safe place to come for a week's respite from their usual circumstances. In order for us to assess if we are able to provide the appropriate support respite visitors are asked to complete this form giving information about themselves and a consent form to enable us to take up at least one medical reference.

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:

Date of Birth:

Current Address:

and contact number

e-mail: pilsdon@btconnect.com

website: www.pilsdon.org.uk

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Home address if different from above:

How do you hope that coming for visits to Pilsdon will help you?

Do you have any concerns about your health at present?

What is the name and address of your GP?

Do you have a social worker, Probation officer, Community nurse or are you seeing a specialist or other professional help at present? If so please give details:

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

Please tell us of any medication you are currently taking.

Do you have any special dietary requirements?

Have you had a problem with drugs or alcohol? If you have please give details:

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

How do you plan to meet the cost of your visit(s)?

Normally the cost is £50 per night. It is possible for us to adjust this sum depending on your circumstances. Please discuss this with us if necessary.

Emergency Contact Name and Details:

For equal opportunities monitoring, please tell us your ethnic background. Do you have any religious needs of which we should be aware?

I certify the information I have given is correct:

Signature.....Date.....

e-mail: pilsdon@btconnect.com

website: www.pilsdon.org.uk

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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 for a respite visit 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, or CPN or health professional who best knows you and your circumstances.

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