

Date:

**RESPITE APPLICATION FORM**

Respite visitors are welcome to come to Pilsdon in the context of a shared common life.

We are a practical working community and we would ask that everyone join in with the daily tasks of life whilst staying with us.

Pilsdon is a dry house and the consumption of alcohol or illicit drugs on or off the premises is not allowed for the duration of your stay. Pilsdon is not a detoxification or treatment centre and does not accept people on methadone or similar prescriptions.

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

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| --- |
| Name: M / F Date of Birth:Current Address:contact number:email address: |
| What are you looking for in a respite stay to the Pilsdon Community?  |
| What dates are you interested in being with us? *It is helpful if you can give an alternative.* |
| The cost of your visit will be £50 full-board and accommodation per night; it may be possible for us to adjust this sum depending on your circumstances. Please discuss this with us. |
| Do you have any medical conditions that we need to be aware of? Please tell us the medication you are taking? |
| Do you have any special dietary requirements or allergies, or any mobility or other access needs we should know about?We are only able to offer a vegetarian alternative. |
| The Pilsdon Community has a number of longer term guests who are in some form of recovery from life crisis, addiction, or mental illness. In order to maintain a safe environment for our guests we would like to ask the following questions: Do you have any alcohol or drug problems? YES / NODo you suffer from mental illness? YES / NO*If ‘yes’ to either of the above please give a brief explanation on an additional sheet* |
| Emergency Contact Information: *Please give name, address, telephone number, relationship to you* |

Please complete the following forms by giving names and addresses of two professionals as references, eg Care coordinator, G.P, Community Mental Health Team member etc

Signature……………………………………………………………….Date……………………….

June 2021



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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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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