Application form

**Please return fully completed applications and**

**supporting documents to:**

**Referrals Lead**

**The Bridges – Hull**

**333-335 Beverley Rd**

**Hull HU5 1LD**

**Or by email** **thebridges@forwardtrust.org.uk**

Any missing information could delay your application. Please ensure the final page is signed by the client, otherwise we cannot begin to process this application.

All referrals receive comprehensive and thorough consideration through a robust risk management process.

We may contact you to gather more information before we consider the application.

All information in this form will be treated in a secure and confidential manner in accordance with the Data Protection Act 1988

**Full given name:** Click or tap here to enter text.

**Date of birth:** Click or tap to enter a date.

**Address:** Click or tap here to enter text.

**Contact Number:** Click or tap here to enter text.

**National Insurance number:** Click or tap here to enter text.

(Needed for GP registration)

**Form of ID can you provide:** Choose an item.

*If you chose ‘other’, please provide more details* Click or tap here to enter text.

**Which of the following most applies to you?** (please tick or highlight)

[ ]  **Rough sleeper**

[ ]  **Sofa surfer**

[ ]  **Hostel**

[ ]  **Private rented**

[ ]  **Council / Housing Association tenant**

[ ]  **Supported accommodation**

[ ]  **Home owner**

[ ]  **Parent / family**

[ ]  **Prison / other custody**

**Will you return to this accommodation after treatment?**

[ ]  **Yes**

[ ]  **No**

**Ethnicity** (please tick or highlight)

[ ] White/British [ ] Asian/Other [ ] Mixed White/Asian

[ ] White/Irish [ ] Black/Caribbean [ ] Mixed/Other

[ ] White/Other [ ] Black/African [ ] Chinese

[ ] Indian [ ] Black/Other [ ] Other

[ ] Pakistani [ ] Mixed White/Caribbean

[ ] Bangladeshi [ ] Mixed White/Black African

**Next of kin / emergency contact** (in event we need to call someone for you)

Name: Click or tap here to enter text.

Relationship to you: Click or tap here to enter text.

Contact number/s: Click or tap here to enter text.

**Early exit / voluntary leaving of The Bridges – Hull**

If for any reason during your stay at The Bridges - Hull you find that you are unable to live within the rules and expectations of the treatment programme or you decide to voluntarily leave treatment where will you return to?

Name / contact person: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

**The Bridges will fund your train travel to the nearest main town location to this address but do not have an obligation to find or fund your accommodation and any other related costs.**

**What is the target date for admission with us?** Click or tap to enter a date.

**Who has referred you to us (or is it yourself)?**

Name: Click or tap here to enter text.

Agency name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Offender Manager / Probation officer (If applicable)**

Name: Click or tap here to enter text.

Probation Area: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Is your client / are you attending a detox unit prior to treatment? If YES please add the details below.**

Name of service: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Admission date: Click or tap to enter a date.

Completion date: Click or tap to enter a date.

GP name: Click or tap here to enter text.

Practice address: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Parental responsibilities (if applicable)**

Clients can usually have supervised family visits whilst in treatment, please make a note below of persons who would be included in this and if under the age of 18 include their date of birth.

Names Date of birth

Click or tap here to enter text. Click or tap to enter a date.

Click or tap here to enter text. Click or tap to enter a date.

Click or tap here to enter text. Click or tap to enter a date.

**Costs and Funding:**

Stage One treatment is **£900 per week for 12 weeks**.

If chosen, the additional **Stage Two treatment is £850 per week** for an additional 12 weeks. Please tick / highlight which is required.

[ ]  Stage One only

[ ]  Both

Will the placement be fully funded by your service or by the client themselves? Choose an item.

Will you require the client to contribute to this treatment costs? Choose an item.

If YES, please state the amount per week that will be paid: £Click or tap here to enter text.

Will you require a financial assessment completed by us to support your application? Choose an item.

Name of person to invoice: Click or tap here to enter text.

Invoice address: Click or tap here to enter text.

Telephone number for inquiries: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**In your own words, why do you wish to enter rehab treatment at this time?**

Click or tap here to enter text.

**Substance use (based on the last 12 months)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substance | Age (in years) first used | Age first used regularly (once a week +) | Frequency of use | Dose *(if cost not applicable state amount used)*  | Usual administration *If used weekly or more)* |
| Alcohol | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| Heroin | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| Per using dayml |
| Cocaine | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| Crack | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| Benzos (e.g. Valium, Tamazepam) | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| Ecstasy/ MDMA | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| Cannabis | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| Amphetamines | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| LSD | Click or tap here to enter text.  | Click or tap here to enter text. **Or tick if never used** [ ]  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text. | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |
| Other *(write in)* Click or tap here to enter text. | Click or tap here to enter text.  | Click or tap here to enter text.  | Daily3+ times a weekOnce a weekLess than weekly | [ ]  [ ] [ ] [ ]  | Amount weekly£ Click or tap here to enter text.  | SmokeInjectSnortOralOther | [ ]  [ ] [ ] [ ]  |
| Per using day£ Click or tap here to enter text. |

**Is the client / are you on substitute prescribing?** Choose an item.

If yes please provide details including reduction plan

Click or tap here to enter text.

**Please list any current or past mental health issues including diagnoses.**

Click or tap here to enter text.

**Has the client / have you ever attempted to harm yourself?**  Choose an item.

If yes please tell us give us more details in the below. *The reason we ask this is to ensure we are aware of anything we need to be aware of mindful of during your time at The Bridges.*

Click or tap here to enter text.

**Has the client / have you ever had suicidal thoughts or attempted to take steps to end your own life?** Choose an item.

If yes please tell us give us more details in the below. *The reason we ask this is to ensure we are aware of anything we need to be aware of mindful of during your time at The Bridges.*

Click or tap here to enter text.

**Do you have any allergies or dietary requirements?** Choose an item.

If yes, please specify

Click or tap here to enter text.

**Please list any known physical health issues or mobility limitations, visual or hearing impairments**

Click or tap here to enter text.

**Are you waiting for any medical appointments or procedures?**

Click or tap here to enter text.

**Please list any medications you are taking including dosage.**

Click or tap here to enter text.

**Please give details here of any offending history. Please attach additional information if needed including any summary documents given to you. We may contact relevant local area probation services in support of your application.**

Click or tap here to enter text.

**DECLARATION – This section must be signed by the applicant to give consent for us to progress the application, if not possible then an additional/ alternate consent document will be accepted.**

**I confirm that the information provided in this application is, to the best of my knowledge, true and accurate.**

**I consent to The Forward Trust, The Bridges – Hull and the National Probation Service sharing information between them relevant to my application and contacting any of the agencies listed in this application to obtain further information that may support my application.**

**If any information is withheld or falsified from this form I agree that any offer of treatment may be rescinded without notice.**

Applicant Name: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.