

Application Form for Admission to The Nelson Trust



It is important that you complete this form as clearly and fully as possible. The more information you provide, the sooner your application can be processed. Feel free to telephone the Admissions Department at The Nelson Trust on the numbers below if you have any queries or need some advice and we will do our best to help.

All information on this form will be treated in a secure and confidential manner in accordance with the Data Protection Act 1998

Our mission is to ensure that people with alcohol, drug and other dependencies are offered the best possible opportunity for a healthy and fulfilling life by providing them with a continuum of high quality treatment, support and resettlement programmes.

the nelson trust
Admissions Department

Pauline Bonnie (01453) 732867
Adrian Coubrough (01453) 732861
Fax (01453) 732868
Main switchboard (01453) 885633
email: admissions@nelsontrust.com

Admissions Department,
Nelson House,
Brimscombe Hill
Stroud,
Gloucestershire GL5 2QP

Registered Office

Nelson House, Brimscombe Hill,
Stroud, Gloucestershire GL5 2QP

Company Limited by Guarantee No. 3211815 Reg. Charity No. 1056672

JOINT PATRONS : Simon The Most Honourable Marquess of Reading and Rt Hon the Lord Mancroft **Chairman:** David Granger FCA
Trustees: Michael Adamson, Ann Buxton, Luke Chester-Master, Colin Chisholm, Dr. Anne-Marie Marlow, Caroline Penley, Amanda Raybone

Latest Version: May 2013

REFERRAL DATE (Admission Use Only):

INFORMATION ABOUT YOU

Full name:

D.O.B.

Sex: M or F

National Insurance Number:

Home Address and Postcode:

Daytime telephone no:

Mobile Number:

Email address:

Next of Kin - Name, Address & Contact Number. Please state what is their relationship to you.

.....

GP's name, address & contact number.....

.....

PLEASE TICK: Are you single married/ in a partnership

Do you have any children? No Yes if so, how many?.....

Please indicate how many are under 18

Your Nationality:

For auditing purposes, we are asked by Health Authorities to record the ethnic origin of those we treat. The categories are those used in the UK census. We would be grateful if you would circle the category that best describes you.

- | | | | |
|---------------|-------------------------|-----------------------------------|---|
| White British | White & Black Caribbean | Indian/Indian British | Black Caribbean/Black Caribbean British |
| White Irish | White & Black African | Pakistani/Pakistani British | Black African/Black African British |
| Other White | White and Asian | Bangladeshi/Bangladeshi British | Other Black/Black British |
| Other Mixed | Other Ethnic | Other Asian/Asian British Chinese | |

Your Employment status: Are you: employed self-employed student

full-time homemaker unemployed If unemployed, how long have you been so?

Your Alcohol or Drug problem (Please continue on a separate sheet if required):

What is your main problem substance? (eg: alcohol, heroin).....

How long do you consider you have had a serious problem with alcohol or drugs?.....

What are the most important life problems that you are facing that are connected to your alcohol or drug problem?

Why do you want to stop drinking or using?

Please complete the following section. If you regularly use any drug that isn't mentioned (eg: ecstasy, hallucinogens, solvents or steroids) please name these under 'Other'. Please use a separate sheet if necessary.

	I use this (tick box)	No. of units of alcohol/amount of drug in typical day	In the last 30 days, how many days did you use this?	Age first started to use this	Age when this first became a problem
Alcohol					
Opiates (heroin, methadone)					
Cocaine / crack					
Cannabis					
Amphetamines					
Tranquillisers/ Sedatives (<i>street</i>)					
Prescribed Medication					
Other					

Your Health So that we can offer you the most effective treatment possible, we need as much relevant information as possible to ensure that your treatment is safe and successful. **Please circle:**

Do you need a detox? Yes No

Are you on any prescribed medication? Yes No

If Yes, please list:-

.....

.....

Do you have you any painful conditions? Yes No

If yes, please give details:

Are you currently receiving any other treatment or medical care? Yes No

If yes, please give details:

Are you waiting for any medical investigations, procedures or appointments? Yes No

If yes, please give details:

Are you currently/have you ever received help/support for a mental health issue? Yes No

(Name and contact number if current or within last 2 years)

Have you ever attempted to harm yourself? Yes No

Your Health (continued)

Do you have or have you ever had an eating disorder? (Anorexia or Bulimia) Yes No

Do you have mobility problems? (i.e. can you manage stairs and hills comfortably?) Yes No
Please note we are located in a very hilly area and walking between sites is required.

Do you have any infections that may be contagious? Yes No
If yes, please give details:

Your Needs If there is anything else you would like us to know, please write it in this space (continue on a separate sheet if necessary). For example, this may include any special dietary needs, cultural/religious requirements or literacy concerns.

Your Current Legal Situation

Do you have a Probation Officer / DRR Officer? Yes No

If Yes, please give name and contact details

.....
.....

Do you have any outstanding legal issues? Yes No

If Yes, are you:

- On bail
- On probation
- On parole/licence?
- On a DRR (Drug Rehabilitation Requirement)
- On a HDC (Home Detention Curfew)
- Awaiting charges?

Are you currently in Prison? Yes No

If yes, what for:

Length of sentence.....

When is your release date?

NB. Key workers/CARAT workers: If your client is in custody, please note that we will require sight of previous convictions and Pre Sentence Reports in conjunction with this completed application form

Your Funding

Which Local Authority area do you live in?

Name and contact details of your Care Manager/ Key Worker/ Support Worker:-

Have you had a Community Care Assessment?

Yes

No

PLEASE TICK WHICH OF THE FOLLOWING APPLIES:

My Care Manager is arranging to pay for my treatment.

My Probation Officer is arranging to pay for my treatment.

I will be paying for my own treatment.

My family will be paying for my treatment.

I am eligible for ESA Income support (indicate current level).

£ per.....

I am eligible for ESA Incapacity benefit (indicate current level).

£.....per.....

I am eligible for housing benefit.

I am eligible for other government benefits (indicate which benefits).

If you need assistance to obtain funding for your treatment and have not yet contacted Social Services, please contact the Admissions Department at The Nelson Trust (01453 732861/7) and staff will do their best to advise you on how to proceed.

***** IMPORTANT *****

PLEASE SIGN THIS AUTHORITY FOR RELEASE OF INFORMATION TO ENABLE THIS APPLICATION TO PROCEED

- *I hereby give permission for all care professionals with whom I have been involved to release to The Nelson Trust any relevant information, which may be required to assist in my care and treatment.*
- *The Nelson Trust ensures that this policy complies with all of the requirements of the Data Protection Act 1998.*
- *The Nelson Trust may release to my Local/Health Authority such details as may be required to apply for funding.*
- *I am aware that the Nelson Trust may be audited from time to time by official auditors who may require to see some of my details to ensure a good quality service is being provided.*

During treatment and on my discharge I accept that reports will be sent to all care professionals my care to my care to support my continuing recovery.

Please sign here:

Print name:

Date:

PLEASE KEEP THIS SHEET.

IF YOU ARE COMPLETING THIS FORM ON BEHALF OF SOMEBODY, PLEASE ENSURE THIS FORM IS HANDED TO THEM.



TELL US ABOUT IT!

The Nelson Trust is committed to delivering quality services and wants to hear from you if you have a complaint, comment, suggestion, query or compliment. Listening to our clients/customers helps us to know what is and isn't working and as a result enables us to improve the quality of our services and how these are delivered.

My comments are:

Please continue on a separate sheet if necessary

My comment is a:

Compliment Complaint Comment Query Suggestion

What would you like to see happen to resolve the issue?

Please continue on a separate sheet if necessary

Please supply your contact details:

You can contact us:

 **In writing**, to: The Nelson Trust, Port Lane, Brimscombe, Stroud, Glos GL5 2QJ

 **In person**, at the address stated above (Mon – Fri, 9am – 5pm)

 **By phone**: Main Admin (01453) 885633 **OR**: Jo Wickes, HR and Compliance Manager (01453) 889992

 **By fax**: (01453) 889995

 **By email**: office@nelsontrust.com