**The information in this form is to help us best assess your suitability for our programme.** *Please take care when completing this form, as misleading information may put your place at The Nehemiah Project (TNP) at risk.* It is **essential** that this form is accompanied by a **risk assessment.**

**Confidentiality:** All information disclosed on this form, together with any professional reports, will remain confidential between The Nehemiah Project, the applicant, and the referring officer/agency. The only exceptions are where directed by a court of law or where the interests of public protection genuinely prevail.

**We cannot accept people taking methadone, drugs or alcohol. This is an abstinence based programme. We cannot accept people with a history of arson, sexual offences/convictions, or severe mental health.** Please call **0208 773 7417** to discuss individual situations

**Referrer Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer Name** | Click or tap here to enter text. | | | |
| **Organisation/Position** | Click or tap here to enter text. | | | |
| **Contact Numbers** | Click or tap here to enter text. | | | |
| **Email Address** | Click or tap here to enter text. | | | |
| **What kind of referral is this?**  If “other”, please specify | Self-Referral | Probation Worker | Chaplaincy | Other  Click or tap here to enter text. |

**Applicant Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name** | Click or tap here to enter text. | | | | | |
| **Date of Birth** | \_ \_ / \_ \_ / \_ \_ \_ \_ | | **NI Number** | | \_ \_ \_ \_ \_ \_ \_ \_ | |
| **Contact Phone Number** | Click or tap here to enter text. | | | | | |
| **Address/Establishment** | Prison  Click or tap here to enter text. | Address  Click or tap here to enter text. | | No Fixed Address | | Other  Click or tap here to enter text. |
| **Prison Number** | \_ \_ \_ \_ \_ \_ \_ | | **Release Date** | | \_ \_ / \_ \_ / \_ \_ \_ \_ | |
| **Does the applicant have any history of arson?** | Yes | | | No | | |
| **Does the applicant have any sexual offences/convictions?** | Yes | | | No | | |
| **Does the applicant have any violent offences?** | Yes | | | No | | |
| **Does the applicant have any Mental Health Conditions?** Please give details below. | Yes | | | No | | |

**Health Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Which substances has the applicant been dependent on?** | Alcohol | Cocaine /crack | Cannabis | Opiates | Benzos | Other  Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Please give details of any **physical** health problems and how they are treated | Click or tap here to enter text. | |
| Does the applicant have any diagnosis or concerns for the following **mental health** conditions | Depression  Anxiety |  |
| Paranoia  Schizophrenia  Psychosis | Click or tap here to enter text. |
| Other | Click or tap here to enter text. |
| Please give full details of any prescribed medications | Click or tap here to enter text. | |

|  |  |  |  |
| --- | --- | --- | --- |
| Is there a history of suicidal thoughts or attempts?  Please give details | 3 months | 12 months | Historical |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Where did you hear about TNP?** | Flyer | Presentation | Social Media | Other  Click or tap here to enter text. |
| **In a few words, why do you want to come to TNP?** | Click or tap here to enter text. | | | |