**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** | PrisonClick or tap here to enter text. | AddressClick or tap here to enter text. | No Fixed Address[ ]  | OtherClick 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 | [ ] [ ]  |
| ParanoiaSchizophrenia 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. |