**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 opioid substitutes, 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. | | | | |
| **Email Address/Contact Number** | Click or tap here to enter text. | | | | |
| **What kind of referral is this?**  If “other”, please specify  e.g. homeless service, relative etc. | Drug and Alcohol Agency | Probation Worker | Self-Referral | 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** | | | | \_ \_ \_ \_ \_ \_ \_ \_ | | |
| **Ethnicity** | Click or tap here to enter text. | | | |
| **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 | | |
| **Prison Number** | \_ \_ \_ \_ \_ \_ \_ | | | | **Release Date** | | | | \_ \_ / \_ \_ / \_ \_ \_ \_ | | |
|  |  | | | |  | | | |  | | |
| **Which substances has the applicant been dependent on?** | Alcohol | Cocaine /crack | | Cannabis | | Opiates | | Benzos | | | Other  Click or tap here to enter text. |
| **Is the applicant currently on a script?** | Yes | | | | | | No | | | | |
| **Does the applicant have any sexual offences/convictions?** | Yes | | | | | | No | | | | |
| **Does the applicant have any arson convictions?** | Yes | | | | | | No | | | | |
| **Does the applicant have any violent offences?** | Yes | | | | | | No | | | | |
| **Does the applicant have recourse to public funds? E.g. Housing Benefit** | Yes | | | | | | No | | | | |

**ealth Information**

|  |  |  |
| --- | --- | --- |
| Please give details of any **physical** health problems | Click or tap here to enter text. | |
| Does the applicant have any diagnosis or concerns for the following **mental health** conditions | Depression  Anxiety  PTSD |  |
| Paranoia  Schizophrenia  Personality Disorder  **Details:** | Click or tap here to enter text. |
| Psychosis  **Details:** | Click or tap here to enter text. |
| Other | Click or tap here to enter text. |
| Please give full details of any prescribed medications and any treatments you are currently undergoing | 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 | Prison Radio | Social Media | Probation | Drug/Alcohol Agency | 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. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Confidentiality Agreement:**  I do hereby agree and consent for my personal information to be used by staff members of TNP for the benefit of my recovery, and that it will not be used for any other use than necessary purposes within the charity. | | | |
| **Print Name** |  | **Date** | \_ \_ / \_ \_ / \_ \_ |
| **Signature** |  | | |