



For Office Use Only
Date Received:
Reference No.:
Interview Date:
Interviewer:

Challenge House Admissions
52 Penygroes Road
Gorslas
Llanelli
Carmarthenshire
SA14 7LA
Tel: 01269 842718
Fax: 01269 845313
Email: admissions@teenchallenge.org.uk

Resident Application Form

This information will be kept confidential

Instructions: Please print your answers, giving full and complete answers to all questions. If questions are not applicable to you please enter N/A

General Information

Applicants First Name _____ Second Name _____

Surname _____

Current Address for correspondence _____

City/Town _____ Postal Code _____

Contact Telephone No. (including code) _____

Status of this accommodation (e.g. tenant, homeowner, houseguest etc.) _____

Have you ever breached the terms of a tenancy for which there were statutory grounds for possession, or breached the terms of a mortgage, or committed acts of physical violence against staff or other residents in a place where you were living?

Y/N

Please give details _____

Age _____ Date of Birth _____

National Insurance Number _____

Nationality _____ Place of Birth _____

Occupation _____ Last Place You Worked _____

Marital Status _____ Number of Children _____

General Health

How would you describe your present health? Excellent/Good/Fair/Poor

Do you have a physical impairment, chronic disease, or other disability?

Do you require assistance with activities of daily life as a result of this impairment? (e.g. mobility problems, visual impairment or hearing difficulties)_____

Have you ever experienced mental or emotional health problems? Yes/No
If yes please give further information

Have you spent any time in hospital related to your Mental Health ? Yes/No
If yes, please state where, when and why? -

Height Weight

Contact with other Agencies and Organizations

Have you spent any time in prison? Yes/No

Are you presently under any form of statutory supervision ? (for example a Drug Treatment and Testing Order, A Probation order etc.) Yes/No

If yes, please give details. _____

Does a social work or drug/alcohol agency support you? _____

If yes, please give details. _____

Have you any forthcoming court appearances? Yes/No

If yes, please give details. _____

Have you any outstanding financial commitments (e.g. bills or fines)? Yes/No

If yes, please give details. _____

Please use the space below to state in your own words why you want to come to Challenge House Teen Challenge. _____

Have you ever been on a Teen Challenge programme before? YES/NO

If YES where? (please tick appropriate box)

Challenge House Wilkerson House Whitchester House

Sunnybrae Other

(If other, please specify _____)

References

Please give the name and address of two referees, (e.g. A doctor, A Drugs Worker, A Minister of religion, a church worker or a social worker) who has known you for more than six months.

Name _____ Address _____

_____ Tel No. _____

Profession _____

Name _____ Address _____

_____ Tel No. _____

Profession _____

Declaration

I completed this application from truthfully and to the best of my knowledge. I understand that any misleading information could jeopardise my entrance into the programme or my remaining on it.

Signature _____ Date _____

To be completed by Applicants contact

This application has been referred to Teen Challenge from: (Please tick appropriate box)

Newport Teesside London Fraserburgh Glasgow Duns

Leeds Rhondda Swansea Birmingham Belfast Other

(If other, please specify _____)

Name and Signature of applicants contact

Name _____ Signature _____