

Do you have any concerns about your health at present? If so please give details.

Name of GP
Address of GP
.....
.....
Telephone number

Are you seeing a specialist? If so please give details.

Have you had any serious illnesses in the past? If so please give details.

Do you have any special dietary requirements?

Have you ever had a problem with drugs or alcohol? If so please give details.

Do you require a detox before coming to Pilsdon? Yes No

If you have a record of criminal offences, please tell us about them.

Do you have a social worker, probation officer, community nurse or other professional help at present? If so please give details.

Name

Address

.....

Contact telephone number

Are you receiving any benefits? Yes No
If yes, please give details.

Are you eligible for housing benefit? Yes No

What is your current accommodation?

Who is your next of kin? Please give details.

Name

Address

.....

.....

Telephone number

Relationship to you

Please indicate your religion or belief

Do you consider yourself to have a disability? Yes No

If yes please give details.

What do you think you could offer to the life of the community at Pilsdon?

Consent for release of information

I consent to relevant personal information being given to The Pilsdon at Malling Community, for the purpose of my application to that Community, on the understanding that any information released to Pilsdon will be treated as confidential.

I consent to The Pilsdon at Malling Community contacting the persons below in order to obtain references.

Signed Date

Your Name

Address

.....
.....

For reference purposes, please give the names and addresses of your doctor and another professional person who knows you.

1) Name

Address

.....
.....

Telephone number

2) Name

Address

.....
.....

Telephone number