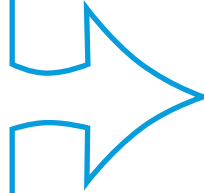


**Please turn over to
complete the final
section of this form
on page (iv)**



For LHT use

Client No.

Project

Date

Prev. No.

langley

house trust

helping people to live crime-free lives

Resident/Service User Application Form

If you have difficulty accessing the application form in this format please contact the Communications and Marketing Manager at Central Services.

Please complete this form as fully as possible and return it with supporting documents to:
Langley House Trust, PO Box 389, Barnsley, South Yorks S70 2WY

* Delete as applicable.

Resident/Service User Application Form

Preferred project (see Referrals Pack) or floating support service

_____ Don't know/Don't mind*

Personal details of person referred

Surname _____ Mr/Mrs/Miss/Ms/Other* _____

Forename(s) _____

Age _____ Date of birth _____ Male/Female* _____ Marital status _____

Last address (prior to prison or institution) _____

_____ Postcode _____ Tel. _____

Registered disabled? Yes/No* (If yes, state nature of disability) _____

National Insurance No.

Served in Airforce/Army/Navy? Yes/No* (If yes, state which) _____

Current legal status or, if in custody, status on release

ACR Licence At risk AUR Bail: unconditional MAPPA Level 2 MAPPA Level 3

Bail: conditional (state conditions) _____

Community Punishment Order Community Punishment and Rehabilitation Order

Community Rehabilitation Order Curfew Order DCR Licence DTO Home Detention Curfew

Life Licence MHA: s117 MHA: Other Parole Sex Offender Order YOT Order

Date order/licence expires _____ ASBO Sex Offender Register

Proceedings outstanding

Court _____ Date of hearing _____

Charges _____

Current offences _____ Last conviction date _____

If in custody

Name of institution _____ Prison number _____

Sentenced/unsentenced* (state total length of current sentence) _____

Sentence expiry date _____ Calculated release date (please state if lifer) _____

Housing status on release

Approved probation/bail hostel Lodging (incl. B&B) Staying with family/friends Hospital (general)

Hospital (psychiatric) Local Authority Care Home owner Renting: local authority (council)

Renting: private sector Renting: Registered Social Landlord Registered Care Home Roofless Hostel

Other _____

Areas needing special attention

Learning Difficulties Mental Health Anger/Violence Deviant Sexual Behaviour

Gambling Physical Health Personality Disorder/Behavioural Difficulties Self Harm

Other (unless drug-related, see next section) _____



For LHT use	Client No.	Project	Date	Prev. No.
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Drug history (to be completed for ALL projects/services)

Last known use _____

Types of drug used Amphetamines Crack Alcohol Cannabis Heroin
 Cocaine Ecstasy Other (please give details) _____

Main drug (if more than one substance used) _____

Please use this section to tell us about cultural requirements (if applicable)

Preferred language (if NOT English) written _____ spoken _____

Is an interpreter required? Yes/No* (If yes, please give details) _____

Please state any specific religious requirements/observances followed _____

Special dietary requirements _____

Details of any physical or medical disability, including current ailments (use separate sheet if necessary)

Details of psychiatric history including any medication and dosage (use separate sheet if necessary)

Please attach the following reports:

	attached	to follow	none		attached	to follow	none
Most recent PSR				Criminal Record			
Psychiatric/Psychology reports				Risk assessment (from referring probation service)			
Prison reports				Community Care assessments			
Parole assessment reports				Medical reports			

Details of (1) person making referral, (2) Probation Officer/Social Worker and (3) Solicitor

(1) Name _____ Position _____
 Address _____
 Postcode _____ Tel _____ Email _____

(2) Name _____ Position _____
 Address _____
 Postcode _____ Tel _____ Email _____

(3) Name _____ Position _____
 Address _____
 Postcode _____ Tel _____ Email _____



The Langley House Trust is committed to eliminating discrimination and promoting equality of opportunity. To ensure this and in order to provide a sensitive and appropriate service to all groups, we will monitor the race, ethnicity, gender and disability of all applicants. (We also have a responsibility to keep accurate records of this kind in order that we can present reports to authorised bodies on request.) Please answer all questions, unless you do not want to. Your information will be treated in the strictest confidence and used only as described above. This page will be detached when returned and held separately. It will not form part of the decision making process.

Male Female Date of birth

Are you a Registered disabled person (have you a Green Card)? Yes No

Please tick any statements which are appropriate to you

- | | |
|--|--|
| <input type="checkbox"/> Dyslexic | <input type="checkbox"/> Require personal care support |
| <input type="checkbox"/> Blind/partially sighted | <input type="checkbox"/> Mental health difficulties |
| <input type="checkbox"/> Deaf/hearing impaired | <input type="checkbox"/> Unseen disability, e.g. diabetes, epilepsy, sickle cell |
| <input type="checkbox"/> Wheelchair user/mobility difficulties | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Disability not listed above (please give details) _____ | |

Please tick the group that best describes your race and ethnicity

White: British English Scottish Welsh Other (please specify) _____
(W1e) (W1s) (W1w) (W1o)

Irish Any other White background (please specify) _____
W2 W9

Mixed: White and Black Caribbean White and Black African
(M1) (M2)

White and Asian Any other mixed background (please specify) _____
(M3) (M9)

Asian or Asian British: Indian Pakistani Bangladeshi _____
(A1) (A2) (A3)

Any other Asian background (please specify) _____
(A9)

Black or Black British: Caribbean African _____
(B1) (B2)

Any other Black background (please specify) _____
(B9)

Chinese or other ethnic group: Chinese Any other ethnic group (please specify) _____
(O1) (O9)

Refusal:
(NS)