



### ADMISSION APPLICATION

<b>Programme Length:</b> Please mark with X		Relapse Refresher	3 months	3-6 months	6 months +	Halfway House	
<b>Resident Personal Information</b>	Title		Surname	Name			
	Age		ID Number				
	Contact details	Home			Cell		
	Fax			Email			
	Residential address						
	Postal address						
	Marital status			Number of children		Ages	
	Religion			Employment status			
Resident's tertiary education and qualifications							
I hereby consent to be contacted on the telephone number(s) and or email, as provided above					Resident's Signature		
<b>Details of Substance Use and Abuse History</b>	Please tick where applicable and indicate period of use, and please circle primary drug of choice (The applicant can communicate this telephonically, directly to one of our representatives)						
	Alcohol	Cannabis	Cocaine/Crack	Heroin/Opiates			
	LSD	Mushrooms	Ecstasy/MDMA	GHB			
	Cat	Mandrax	Benzodiazepines	Crystal Meth			
	Other						
	Details of any other addictions/disorders (e.g. eating disorders)						
	Previous rehabilitation centres attended						
	Details of any addictions within the family						
Any other relevant information (e.g. court cases)							
Referred by							
<b>Date &amp; Disclaimer</b>	Signed on this day		of		20	at	
	the						
	<i>Disclaimer: By signing this document, I hereby confirm that all information disclosed and signed for in this document is (to my knowledge) 100% correct and accurate and that I have not failed to disclose or include any information, which may prove vital.</i>						
Resident's Signature				Sponsor's Signature			