



## New Resident Referral Form

Please note we only take people who have been clean and sober for 10 days.

Please complete the following questions as honestly and fully as you can. All information will be treated in confidence.

Please return this form to St Agnes Church, Thomas St, Bristol BS2 9NN  
telephone: 01179 414 075 or email [addiction-recovery@seechange.org.uk](mailto:addiction-recovery@seechange.org.uk).

The final page asks you to supply the names and addresses of two people who can write a reference for you. We do not accept anyone without references.

---

### Your Details

Name

Contact Address

Contact telephone number

Date of Birth

Gender

When do you need to move into new accommodation

Why do you need to move from your current accommodation?

**Your Finances**

What is your current income?

From what source?

Do you have any outstanding debts?

If yes, what type of debt?

What caused this debt ?

What action is being taken to clear this?

**Your Physical and Mental Health**

Do you have any physical issues or ailments?

If you have current physical, mental or emotional problems, please explain what help, if any, you need to manage them.....

.....  
.....  
.....

Do you need regular medication.....

If yes, what medication is it? (Please note there are certain medications we cannot allow on our premises).....

.....  
.....

Why do you need it?

.....  
.....  
.....

Do you have or have you had substance misuse issues?.....

Please tell us about this eg: Drugs used; whether clean and for how long; what types of treatment tried etc.....

.....  
.....  
.....  
.....  
.....

What support have you in place at present to help you eg: NA, AA, BDP, ACAD, friends, etc.

.....

Do you have any disabilities/impairments? eg: hearing, sight, mobility.

Yes/No

Please describe the extent of these and their effect?

.....  
.....  
.....

### Offending

Do you have any past or current criminal offences? Yes/No

If yes, what are

they?.....

.....  
.....  
.....  
.....

What is your current position in relation to the criminal justice system

e.g. on licence; awaiting court; in

custody.....

Do you have any outstanding court appearances? Yes/No

If so, when do you have to return to court?

.....

Have you been violent in the past? Yes/No

If yes, what happened?

.....  
.....  
.....

### Thinking about yourself

Have you shared accommodation with other people before? Yes/No

How did you get on?

.....  
.....  
.....

What problems might there be for you sharing a house with others?.....

.....  
.....  
.....

What plans do you have for your future?

.....  
.....  
.....

How well are you able to look after yourself?

.....

Is there anything in day-to-day life where you may need help with? e.g. cooking, cleaning, money, laundry, getting on with other people, making friends, dealing with authority etc.....

.....  
.....  
.....

In the last four years have you had a problem with any of the following:

Please  any that apply to you.

Abusing alcohol

Abusing drugs

Gambling  
Debts  
Anger  
Getting on with other people  
Mental Health  
Loneliness  
Violence towards others  
Dealing with people in authority  
Paperwork and filling in forms  
Managing on a day-to-day basis  
Being bullied  
Fire setting  
Self Harm  
Damaging property  
Managing your money  
Getting employment  
Keeping employment  
Reading or writing  
Numbers  
English language  
Now \* any that are current problems for you.

Use the space below to describe current problems and the help you think you need?

.....  
.....  
.....  
.....  
.....  
.....

Please tell if you are in contact with any agencies or people that may continue to help you. e.g. probation services, social services, health worker, key worker, local college, family, friends, mentor, advocate etc.

.....  
.....  
.....  
.....

Please write down anything else that you would like to add to your application.....

.....  
.....  
.....  
.....  
.....  
.....

.....  
.....  
.....  
.....  
.....

Please give names and addresses of two people we can contact for a reference. They need to be people like your support workers; probation service, social workers, link workers, etc.

1)Name.....	2) Name .....
Address.....	Address .....
.....	.....
Post Code .....	Post Code.....
Tel. No. ....	Tel. No. ....
Job title.....	Job
title.....	

Please give us the name and address of your last landlord:

Pease check that what you have written is complete and true before you sign and date this form.

Name (Print) ..... Date  
.....

Signature  
.....



Please return this form to SeeChange, 223 Newfoundland Rd, Bristol BS2 9NX, or email to [addiction-recovery@seechange.org.uk](mailto:addiction-recovery@seechange.org.uk).

Telephone 0117 941 4075