

### ADMISSION APPLICATION

<b>Programme Length:</b>		Intensive 21/28 day	1 month	3 months	3 + months	Halfway House
Please mark with X			Relapse Refresher			
<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			