



### ADMISSION APPLICATION

<b>Programme Length:</b> Please mark with X		Relapse Refresher		3 months		3-6 months		6 months +		
<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									
	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.									
Resident's Signature						Sponsor's Signature				