

To be filled in by the Applicant
APPLICATION FOR RESIDENCY AT VICTORY OUTREACH UK

Personal

Date of application:

SurnameForenames

Date of Birth N I Number

Present Address

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Next of Kin Phone No

Address

Your last address

Social Worker/Probation Officer

Address & Tel No.....

Solicitor Phone No

Address.....

Criminal Offences

If you have a criminal record please tell us the nature of the offences (e.g. burglary, violence, car crime, etc.)

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Do you have any pending court cases or are you currently under any Statutory Supervision Order? Please tell us about this below.

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MEDICAL INFORMATION

Home Doctor Phone No:.....

Address.....

Have you any physical illness, allergies or disabilities? Yes No

Details

Have you any mental health problems e.g. schizophrenia, severe mood swings?

Details

Do you have drug or alcohol dependency problems? Yes No

Details

Have you suffered with depression, suicidal tendencies, or self harmed? Yes No

Details
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Have you been on a detox/rehabilitation programme? Yes No

Details
.....

Are you currently receiving medication? Yes No

Details
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Have you applied/resided at Victory Outreach UK previously? Yes No

Details
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Do you have an existing tenancy elsewhere? Yes No

Details
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Thank you for answering all of these questions. The information which you have provided will be kept confidential. Upon receipt of the completed form, we will arrange for you to have an interview to take your application further.

Your Signature Date

Your Name in Block Capital.....

Please return this form to: Rev Richard Taylor, Victory Outreach UK
Impact Centre, 1-5 First Floor, Crown Buildings, Ebbw Vale NP23 6YQ
or fax to **01495 301 941**