

# REACH

Application Form



## Personal Details

Name

Address & Postcode

Daytime telephone number:

(We may need to discuss this application with you)

Can we leave a message on this number?                      YES              NO

If no please give a number where we can.

E-mail:

Date of birth

Male / Female (please circle as appropriate)

Nationality:

Please indicate the number of children under 18              Over 18                              Other dependants

What is your relationship to the substance users? *ie are you their mother/brother etc.*

What substance(s) are they using?

How did you hear about the Peer Support Programme?

Have you attended a similar programme in the past? If so when?

Has any member of your family or anyone you know applied to attend the same programme? If so who?

Please describe your current circumstances and your reasons (goals) for coming on the programme.

Are you currently attending any self-help groups (AA, families anonymous etc)? Please give details of groups and dates.

Are you currently (or have you been) involved with any other agency (eg. Social Services)? If yes, please provide details.

Have you ever had any concerns about your own use of alcohol or drugs? If yes please state which and any steps taken to address this.

Have you ever suffered from mental health problems (e.g. depression, anxiety, self-harm etc)? If yes please provide details of any help received.

Have you ever attempted suicide? YES / NO (please circle appropriately) if yes please provide details.

Have you suffered a bereavement in the last year? If yes please provide details.

Are you currently taking any prescribed any medications? if yes please provide details.

Are you currently receiving any counselling or psychotherapy? YES / NO

Does your consellor know you wish to attend the programme? YES / NO

Do you have any hearing, visual or mobility impairments? If yes please provide details.

Would you prefer a daytime programme (between 2-4pm) or an evening group (6 – 8pm)  
Circle preference.

I confirm that the information contained in this form is correct to the best of my belief.

Signed:

Date:

**All information given on this form will be treated in a secure and confidential manner in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2001.**