

REACH

Application Form

Personal details

Name:

Contact details: (this should be the method of contact you want us to use)

If this is a telephone number can we leave a message?

Yes / No

Date of birth:

Gender:

Nationality:

Please indicate the number of children under 18

Over 18

Other dependents

What is the relationship to the substance user? (i.e. are you the parent/partner etc.)

What substance is being used?

Have you attended a similar programme in the last 18 months?

Has any of your family or any one you know applied to attend the same programme? *The programme requires family members to attend separate programmes.*

Please describe the current circumstances and reasons for this application.

In the last 18 months have you experienced concerns about your own use of substances or alcohol? If yes please may you state which and any steps taken to address this.

In the last 18 months have your experienced problems relating to personal mental health? If yes please provide details and how you have addressed this.

In the last 18 months have you made an attempt to end your life? Yes / no.

Have you experienced a bereavement in the last 18 months? Yes / No.

Are you currently receiving counselling / psychotherapy? Yes / No.

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

Would you prefer to attend a group in the afternoon (3-5pm) or early evening (6-8pm)? Please circle preference.

How did you hear about the REACH programme?

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

Signed:

Dated:

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

Your information is not passed on to third parties and is used only for the purpose of accessing this service. If accepted onto the programme your personal details will be deleted in accordance with the above law one month after the programme follow-up date.