

REACH – Peer Support

APPLICATION FORM

To enable us to make the right decisions about whether the group is right for you at this time, it is necessary for us to gather some details about you and your current situation and recent history.

This information is treated in a secure and confidential manner and complies with the Data Protection (Bailiwick of Guernsey Law) 2017.

Your information is not passed on to third parties and is used only for the purpose of assessing suitability for the 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.

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 the age of 18. Over 18 Other dependents

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

What substance is being used?

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

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

Please describe your current situation and reason 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 you 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?

Have you (in the last 18 months) experienced a bereavement?

Are you currently receiving counselling/psychotherapy?

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

Groups run between 6-8pm for five consecutive evenings (Mon – Fri). To achieve the full benefit of the programme all sessions require attendance. Please indicate whether you are able to commit to completing all sessions.

By signing this application you are confirming the information you have provide is correct and are agreeing for your information to be processed to enable us to make a decision about access to the programme.

Print name:

Signature:

Date: