

**HLT Resident Application Form**

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| **Full Name &****Address of applicant:** |  |
| **NI Number:** |  |
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| **Email:** |  |
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| **Mobile:** |  |
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| **Date of Birth:** |  | **Marital Status:** |  |
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| **Gender:** | **Male** | **Female** |  |
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| **Nationality:** |  |
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| **Driver’s Licence No:** |  | **Year Obtained** |  |
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| **Live DBS Check:** | **Yes No** | **Year Obtained**  |  |
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| **Benefit Status:** | **ESA** | **Yes** | **No** | **Universal Credit** | **Yes** | **No** |
| **Other Benefits:** |  |
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| **Name of Spouse / partner**  |  |
| **Names & Ages of children**  |  |
| **Contact with Children:** | **Yes No** |
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| **Before entering Rehab please list your addictions / life controlling issues** |
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| **Do you have a criminal record and have you been in prison?** |
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| **Year of final conviction:** |
| **Horizon Life Training is a 12-month residential centre providing education and work based placements upskilling and preparing you for independent living back into community.** |
| **Please provide details of any qualifications / grade already gained to date:** |
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| **Please list the qualifications you hope to achieve if you were to be offered residency at HLT:** |
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| **Please provide your previous employment history:** |
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| **Please state what your chosen career path would be if you were to be offered residency at HLT?** |
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| **HLT is a Christian Centre led with Christian values, we encourage seeking a local church connection / local support group whilst residing at HLT aiding a successful move on into community, please give your thoughts on this:**  |
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| **Please describe why you feel Horizon Life Training is the right move for you:**  |
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| **Please explain any heath conditions and list any prescribed medication including dose:** |
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| **Do you have any special needs and / or dietary requirements ?** |
| **Yes / No – Details if Yes:** |
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| **Please attach a copy of your personal testimony to support your application** |
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| Please note all our residents are required to pay £35 per week as a contribution towards utilities and food costs via standing order. In light of this we require an upfront payment of £70 rent from new residents for their first 2 weeks’ accommodation following the Taster Week and acceptance.  |
| **Declaration –** I confirm that I have read the Referral Criteria and HLT Information Sheet sent with this form and that all information given on this application is true and accurate. |
| **Signature** |  | Date |  |

Please email completed applications to : admissions@horizonlifetraining.org.uk or post to Horizon Life Training, Kennel Hall Farm, Ripon Road, Killinghall, HG3 2AY



**Support Worker Endorsement for HLT New Resident Application**

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| --- | --- |
| Full Name |  |
| Address of Support Worker: |  |
| Telephone No: |  |
| Email: |  |
|  |  |
| Full Name of Applicant: |  |
| **Date Applicant available to start HLT:** |  |
| **Date Phase 4 programme completion:** |  |
| **Please give a brief description of the applicants progress in rehabilitation:** |
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| **Please give a brief summary of the applicants growth and development:** |
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| **HLT is a residential training centre, following the Christian ethos promoting independent and communal living. Residents are encouraged to share meals together, complete work duties, commit to local church / or external support group and attend outreach. Please give your opinion how the applicant would contribute to and benefit from joining us at HLT:** |
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| **Please detail any other relevant factors to support this application** |
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| **I would recommend/not recommend\* the applicant’s request to be enrolled at Horizon Life Training Delete whichever is not applicable\*** |
| I confirm I will be available in the event of a telephone interview to support the applicant with the outcome. |
| **Signature:** |  | **Date:** |  |