logo

**HLT Resident Application Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name &**  **Address of applicant:** |  | | | | | | | | |
| **NI Number:** |  | | | | | | | | |
|  |  | | | | | | | | |
| **Email:** |  | | | | | | | | |
|  |  | | | | | | | | |
| **Mobile:** |  | | | | | | | | |
|  |  | | | | | | | | |
| **Date of Birth:** |  | | **Marital Status:** | | |  | | | |
|  |  | |  | | |  | | | |
| **Gender:** | **Male** | | **Female** | | |  | | | |
|  |  | |  | | |  | | | |
| **Nationality:** |  | | | | | | | | |
|  |  | | | | | | | | |
| **Driver’s Licence No:** |  | | | | | **Year Obtained** | |  | |
|  |  | | | | |  | |  | |
| **Live DBS Check:** | **Yes No** | | | | | **Year Obtained** | |  | |
|  |  | | | | |  | |  | |
| **Benefit Status:** | **ESA** | **Yes** | | **No** | **Universal Credit** | | | **Yes** | **No** |
| **Other Benefits:** |  | | | | | | | | |
|  |  | | | | | | | | |
| **Name of Spouse / partner** |  | | | | | | | | |
| **Names & Ages of children** |  | | | | | | | | |
| **Contact with Children:** | **Yes No** | | | | | | | | |
|  | | | | | | | | | |
| **Before entering Rehab please list your addictions / life controlling issues** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Do you have a criminal record and have you been in prison?** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **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:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Please list the qualifications you hope to achieve if you were to be offered residency at HLT:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Please provide your previous employment history:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Please state what your chosen career path would be if you were to be offered residency at HLT?** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **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:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Please describe why you feel Horizon Life Training is the right move for you:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Please explain any heath conditions and list any prescribed medication including dose:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Do you have any special needs and / or dietary requirements ?** | | | | | | | | | |
| **Yes / No – Details if Yes:** | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Please attach a copy of your personal testimony to support your application** | | | | | | | | | |
|  | | | | | | | | | |
| 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](mailto:admissions@horizonlifetraining.org.uk) or post to Horizon Life Training, Kennel Hall Farm, Ripon Road, Killinghall, HG3 2AY

logo

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Please give a brief summary of the applicants growth and development:** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **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:** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Please detail any other relevant factors to support this application** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **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:** |  |