

Hope in a  
Careless World



THE MAXIE RICHARDS FOUNDATION

# Application Form The King's Court

Office use  
Date Received:

This information will be kept

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Phone no: \_\_\_\_\_

D.O.B: \_\_\_/\_\_\_/\_\_\_

Birthplace: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

Phone no: \_\_\_\_\_

Do you own a house or flat? No Yes

Are you a council tenant? No Yes

Are you... single married separated divorced widowed

Are you currently employed? Yes No If Yes with whom? \_\_\_\_\_

NI number: \_\_\_\_\_ Benefits claimed: \_\_\_\_\_

Employment History: \_\_\_\_\_

Do you smoke? No Yes If yes, how many a day?

Do you drink? No Yes If yes, how much a day? Type of alcohol? \_\_\_\_\_

Do you use drugs? No Yes If yes, what is your primary drug: \_\_\_\_\_

Daily amount: \_\_\_\_\_ What age did you start? \_\_\_\_\_

Other drugs used: Cannabis Amphetamines Ecstasy LSD Crack Cocaine

Heroin Temazepan Valium Methadone Other \_\_\_\_\_

Are you taking any prescribed medication? No Yes If yes what? \_\_\_\_\_

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Have you received previous treatment for drug or alcohol problems? No Yes  
If Yes with whom?

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Have you received help from the Maxie Richards Foundation before? No Yes  
If Yes when?

Have you ever lived in a supported Housing environment? No Yes

If Yes, please give details: \_\_\_\_\_

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Have you ever committed acts of physical violence against staff or other residents in a place where  
you were living? No Yes If Yes please give details: \_\_\_\_\_

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Who has proved support for you over the last 2 years? (e.g. professionals, voluntary groups,  
religious organisations, family members etc) \_\_\_\_\_

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Does a social worker or drug/alcohol agency give you support? No Yes

Do you have a probation officer? No Yes

### **Criminal Issues**

Do you have any criminal convictions? No Yes What are they? \_\_\_\_\_

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Do you have any outstanding warrants? No Yes

Do you have any outstanding court appearances? No Yes

## Medical Information

Have you ever seen a psychiatrist? No Yes

Have you experienced mental or emotional health issues? No Yes When? \_\_\_\_\_

Doctors name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address/Hospital: \_\_\_\_\_

GP's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address/Surgery: \_\_\_\_\_

(If you do not have a current GP put your last doctors name in)

## Further Information

Have you ever been prosecuted for a violent offence? No Yes

Have you ever been prosecuted for a sexual offence? No Yes

Have you ever been prosecuted for arson? No Yes

Are you subject to any statutory supervision or probation? No Yes

## Why you need help

Please tell us in your own words why you would like to come to The Kings Court and live in a supported housing environment: \_\_\_\_\_

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# Declaration

I have completed this application form truthfully and to the best of my knowledge. I understand that misleading information could jeopardise my entrance or stay at The Kings Court.

PRINT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

## What we need from you before Interview

To be admitted to The Kings Court your GP will be required to provide a letter with details of any medical conditions, medication and mental health issues.

This can be posted or faxed with this application form, or provided after offer of interview

Please Return Application form to:

**The Kings Court**

Kames  
Tighnabruaich  
Argyll  
PA21 2BH

Tel: 01700 811137  
Fax: 07092858848

Email: [info@kingscourtsupport.com](mailto:info@kingscourtsupport.com)  
[www.kingscourtsupport.com](http://www.kingscourtsupport.com)