



Pilsdon at Malling

The Pilsdon at Malling Community
27 Water Lane
WEST MALLING
Kent
ME19 6HH

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This form is the first stage of our application process.

Information that you give on this form will be treated as confidential unless it is clearly necessary to share it to protect your health or safety or the health and safety of others.

We aim to make Pilsdon a safe place for those who live here. We do not accept people who have convictions for sexual abuse, arson or non-drug /alcohol related violence.

Name

Date of birth

Current Address

.....

.....

Contact telephone number

Home address if different from above

.....

.....

Why do you want to come to Pilsdon? How do you think coming to Pilsdon will help you?

Do you have any concerns about your health at present? If so please give details.

Name of GP

Address of GP

.....

.....

Are you seeing a specialist? If so please give details.

Have you had any serious illnesses in the past? If so please give details.

Do you have any special dietary requirements?

Have you ever had a problem with drugs or alcohol? If so please give details.

Do you require a detox before coming to Pilsdon? Yes No

If you have a record of criminal offences, please tell us about them.

Do you have a social worker, probation officer, community nurse or other professional help at present? If so please give details.

Name (of professional person)

Address

.....

Contact telephone number

Are you receiving any benefits? Yes No

If yes, please give details.

Are you eligible for housing benefit? Yes No

What is your current accommodation?

Who is your next of kin? Please give details.

Name

Address

.....

.....

Telephone number

Relationship to you

What is your religion?

What is your ethnic background?

Do you consider yourself to have a disability?

(We require this information in order to comply with Equal Opportunities legislation)

What do you think you could offer to the life of the community at Pilsdon?

Consent for release of information

I consent to relevant personal information being given to The Pilsdon at Malling Community, for the purpose of my application to that Community, on the understanding that any information released to Pilsdon will be treated as confidential.

Signed Date

Your Name

Address
.....
.....

For reference purposes, please give the names and addresses of your doctor and another professional person who knows you.

Name

Address
.....
.....

Telephone number

Name

Address
.....
.....

Telephone number