

APPLICATION FORM: COMMUNITY-BASED PROGRAM YOUTH

A. APPLICANT PERSONAL DETAILS

1.	Surname			
2.	Full Name			
3.	Nickname			
4.	Gender	Male		Female
5.	Age			
6.	Date of Birth			
7.	ID Number			
8.	Home Address			
9.	Telephone Number			
10.	Home Language			
11.	Other Languages			

B. SCHOLASTIC BACKGROUND

1.	Currently in a school?	YES		NO	
2.	Highest grade completed?				
3.	Any disciplinary hearings at school?				
	Please elaborate on the above mentioned.				
4.	Does the person have any hobbies, sport or skills? Please, name them.				

C. FAMILY HISTORY

Give a brief description on the following aspects:	
1.	The environment he/she lives in, especially in regards to substance abuse.
2.	Family Relationships

3.	Are there any signs of the following in the family?	
Describe		
Substance Abuse		
Domestic Violence		
Trauma		
Any other additional information		

D. CRIMINAL RECORD

1.	Nature of violation/offense				
2.	Date of violation				
3.	Sentence				
4.	Are there any court cases pending	YES		NO	
	If, yes, describe:				
5.	Is the person part of a gang?				
	Which gang?				
	Period?				
	Position in the gang?				
6.	Was the person previously involved in a cult?				
	Comments:				

E. TRAUMA

1.	Was the person ever involved in any traumatic incidents, eg. Motor accident, surgery etc.?	
	Comments:	

F. BACKGROUND ABOUT EMOTIONAL HEALTH

1.	Has the person received any treatment in a psychiatric hospital before?	YES		NO	
2.	Has the person been assessed by a psychiatrist/ psychologist?	YES		NO	
3.	If yes, indicate reasons for referral to psychologist/ psychiatrist:				
	Aggression		Stress		Depression
	Personality Disorder		Behavioral Problems		Sexual Disorders
	Relationship Problems		Obsessive Compulsive		Poor Self-esteem
	Chronic Mental Illness		Fears/ Phobia		Inability to be empathetic
	Substance Abuse		Dependency of medication		Other
	Suicidal Attempts		School/ Learning problems		Specify, please.
Comments:					

G. CURRENT RISK AND VULNERABILITY

1.	Is there a history of self-harm?	YES		NO	
2.	Have there been any previous suicide attempts?	YES		NO	
	If "yes": Describe (Date, method, etc.)				
3.	Are there any concerns in regards to suicide risk, suicidal behavior and suicidal thoughts?	YES		NO	
	If "yes", provide possible causes of suicidal thoughts:				
	Depression		Financial Problems		Guilty Conscious
	Anxiety		Family Problems		Previous attempts
4.	Any areas of concern? Please indicate:				
	Sexual Orientation		Injuries to other		Racism
	Seksuele voorkeure		Selfmutilasie/beserings		Emotional vulnerability
	Aggression		Specify other		

H. RELIGION

1.	Religion	
2.	Church Denomination	
3.	Indicate degree of involvement:	
4.	Does the person receive any support from the church?	

I. SUPPORT STRUCTURE

1.	Does the person receive any support from the family?	
2.	Who is their primary support structure?	
3.	Contact number of nearest family member/significant other	

J. SUBSTANCE USE

		Primary Dependency			
1.	Substance				
	Duration of use				
	Degree/ How much per day				
	Starting Age				
2.	Other substance abused:				
3.	Previous Treatment :				
Name of Centre		Date admitted	Period in Treatment	Completed?	
				Yes	No
If no, reason:					

K. MOTIVATION AND INSIGHT

1.	Person's motivation for treatment	Good		Relative		Poor	
2.	Person's insight in regards to the negative impact of his/her dependency problem:	Good		Relative		Poor	
Comments concerning his/her insight and motivation:							

L. FINANCES

Describe the person's financial circumstances:

M. RESULTS OF SCREENINGTOOLS (ASSIST, Cage, Audit)

N. DETAILS OF REFERRER

NAME AND SURNAME	
OCCUPATION:	
ORGANISATION:	
ADDRESS:	
TEL. NUMBER:	
E-MAIL ADDRESS:	

Suggested Treatment Option	
Inpatient Treatment	
Outpatient Treatment	
Other	

Recommendation by Therapist

I, _____, hereby give permission for Toevlug to share information in relation to my treatment program with my below mentioned referrer.

Signature of Referrer: _____

Date: _____

Signature of Applicant: _____

Date: _____

Signature of Therapist: _____

Date: _____