

OAK TREE LODGE APPLICATION FORM

Applicant Details:

Surname First Names

DOB Marital status.....

Children.....

Address

Ethnicity Phone Cell Phone

GPAddressGP Phone

Case Worker Case Worker Phone

Next of Kin or Emergency Contact Details:

Surname First Names

Address

Phone..... Cell Phone

Relationship

Health Summary:

Addiction issue/s.....

Relevant Past Medical History

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.....

Current Medication:

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Current Concerns (physical, family, spiritual):

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Additional Relevant Information

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1. How did you find out about Oak Tree Lodge?

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2. Do you believe you have identified the root cause of your addiction?

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3. What steps have you taken to address your addiction in the past (programs etc)?

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4. Do you have any outstanding fines or pending legal action against you? If so please state:

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5. Do you have any criminal convictions? If so please state:

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Declaration

I declare that the information I have given you is true and correct for you to evaluate my suitability for residence at Oak Tree Lodge. I understand that if I have not answered the questions truthfully that it could disqualify me from residence.

Full Name: _____

Signed _____ **Date** _____

Note

Please attach an outcome summary from the provider of your completed 12 Step (or similar) Alcohol and Drug programme.