



Date.....

Office use only

Interview	
Risk Assess	
Intake	
Other action required	

NEXT Project Initial Application Form

Name:

Address:

Postcode: _____

Borough: _____

Telephone

numbers: _____

National Insurance Number:

Date of birth: ___/___/___

Email address: (please make this as clear as possible) _____

Benefit: Job Seekers Allowance ESA
Carers' allowance

Other _____

Are you part of the Work Programme?

Yes

No

1. Do you care for any children or is anybody else dependent upon you?
(Please give details):

2. How did you hear about the NEXT Project?

3. Do you have any formal qualifications? Please list them below:

4. If you are currently unemployed how long have you been unemployed?

5. What year did you begin using substances?

6. When did you stop using substances? (month and year).

7. What types of substances did you use?

8. Please provide the name and address of the last treatment services you attended. What type of service did you receive?

9. What do you hope to gain from the NEXT Project?

10. How do you feel about receiving feedback?

11. What qualities and skills do you think you will be able bring to the learning group?

12. What professional and personal support networks do you have in place? (E.g. friends, key worker, family, community group etc.)

13. Do you have any computing skills? If yes please complete the following section, ticking the appropriate boxes.

Are you able to use:	Yes	No	At what level?		
			Beginner	Intermediate	Advanced
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Will you be able to commit to the NEXT Project for 2 whole days a week for 12 weeks?

15. Do you have any commitments within the next 6-9 months? (E.g. holidays, courses, etc.) If you were accepted on the program, is there a particular month when you would prefer to commence the course.

16. Have you had any mental health issues in the last two years? E.g. depression, suicidal thoughts, anxiety, or psychosis, etc. If yes please tell us what they were and if they were diagnosed or treated by a professional.

17. Are you taking any prescription medication? If yes, please specify what type, amount (in ml/mg) and how long you have been on them?

18. Please provide the name, address and telephone number of a professional referee (e.g. key worker, support worker, probation or housing officer, employer, etc.)

19. Do you have a criminal record? If yes, please list your most recent offences (type and year charged).

20. Have you ever committed any violent crime? (E.g. assault, armed robbery, rape, etc.) If yes, please state the offence/s and year in which you were charged.

21. What will you do if you are not successful with this application?

22. Do you have any learning support needs such as help with literacy, numeracy, dyslexia?
