



Sand River Recovery Centre

APPLICATION FORM

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Facebook: www.facebook.com/sandriverrehab



A.GENERAL INFORMATION

PERSONAL INFORMATION												DATE			
SURNAME												HOME LANGUAGE			
FIRST NAME												AGE			
IDENTITY NO															
DATE OF BIRTH												GENDER			
SEXUAL ORIENTATION												Male			
DEPENDANTS												Female			
CHURCH AFFILIATION												MARITAL STATUS			
PASTOR												Single			
PASTOR'S CONTACT NO												Married			
REFERRED BY												Widower/Widow			
Name												Divorced			
Tel												Engaged			
												RACE			

Kindly note we follow a none smoking policy at this centre

Please provide a copy of your birth certifucate with this aplication

WHY DO YOU WANT TO APPLY FOR THIS PROGRAM?

PHYSICAL ADDRESS OF APPLICANT												Any allergies:			
EMAIL															
CELL NO															
TEL (H)															

HIGHEST GRADE IN SCHOOL PASSED												SCHOOL				YEAR							
QUALIFICATIONS																							
PROFESSION																							
HOBBIES / INTERESTS																							
SKILLS																							
HOW MANY YEARS EMPLOYED?												IN WHICH POSITION / CAPACITY?											

SPONSOR INFORMATION (PERSON RESPONSIBLE FOR THE ACCOUNT)																			
		SURNAME																	
		FIRST NAME																	
SPONSOR RELATIONSHIP																MONTHLY INCOME:		R	
PHYSICAL ADDRESS OF SPONSOR														SOURCE OF INCOME:					
														NETTO INCOME:		R			
		EMAIL																	
		CELL NO																	
		TEL (W)																	

FAMILY DETAILS	
NEXT OF KIN	
RELATIONSHIP	
CELL	
TEL	
EMAIL	

B. REASON FOR APPLICATION

PLEASE INDICATE THE SPECIFIC REASON FOR YOUR APPLICATION						
Lack of Spiritualism		Substances		Other:		Elobrate: _____
Lack of Interest in Life		Depression				_____
Pornagrahy		Suicide				_____
Retreat and restoration		Divorce				_____
					Period involved/experiencing above ?	

IF INVOLVED IN SUBSTACES PLEASE CHOOSE DRUG OF CHOICE						
Alcohol		Mandrax		Tik		
Heroin		Dagga		Khat		
Crack		Ecstasy		Prescription Meds		
Cocaine		LSD		Other:		
Are you currently smoking cigarettes		Y	N	When last did you use drugs:		

PREVIOUS ADMISSIONS IN ANY TYPE OF INSTITUTION

Please furnish information on the most recent rehabilitation institutions attended (the last one attended first)

Institution	Years (eg 2001-2002)	Completed		How long clean after treatment?
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

PSYCHOLOGICAL

Are you on prescription medication

Y

N

If yes name of medication

Period on above medication

Psychiatrist / GP who prescribed

Name:

Contact no:

C. MEDICAL DETAILS

Important for this section to be completed to prevent the applicant from fabricating ailments to prevent them from getting involved in the program.

MEDICAL REPORT

Are you presently under medical treatment

Y

N

If yes, reason and treatment

Period of time on treatment

(The medical certificate supplied should be completed by a medical practitioner and submitted with the application)**D. INDEMNITY & AGREEMENT**

I hereby declare that all information provided in this application is true:

I (We) understand that I will forfeit all funds should I leave the program before the completion date.

Program duration minimum 3 months

I hereby also totally indemnify Sandriver Wellness and Restoration Centre , or any staff, should anything happen to me due to any underlying medical condition

I also do understand that Sandriver wellness and Restoration centre does not have a full time nurse on the premises and that the centre and / or staff cannot be held responsible for any incidents related to health issues .

Also refer to the compulsory medical report that needs to be completed by a medical doctor.

I also understand that for any medical consultations the centre will charge an additional fee to cover transport if needed.

RESIDENT SIGNATURE

DATE

SPONSOR AGREEMENT (PERSON RESPONSIBLE FOR THE ACCOUNT)

full name & surname

SPONSOR SIGNATURE

DATE