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**APPLICATION FOR A SERVICE AT BIRCHWOOD HIGHLAND
RECOVERY CENTRE**

SURNAME	
FIRST NAMES	
CURRENT ADDRESS	
HOME ADDRESS (if different from above)	
DATE OF BIRTH	
PLACE OF BIRTH	

PLEASE RETURN COMPLETED FORM TO:

THE MANAGER
BIRCHWOOD HIGHLAND RECOVERY CENTRE
MUIRFIELD LANE
INVERNESS
IV2 4XA

TEL: 01463 716600

FAX: 01463 231222

E-MAIL: info@birchwoodhighland.org.uk

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ABOUT BIRCHWOOD HIGHLAND RECOVERY CENTRE

Birchwood Highland Recovery Centre is a centre focusing on recovery for those experiencing mental ill health, offering individualised support focused on maximising each person's recovery. There is an expectation that those moving into Birchwood Highland Recovery Centre will be motivated to work with our staff towards their own recovery.

The accommodation at Birchwood Highland Recovery Centre comprises single bedrooms, studio apartments and flats. Service users moving into Birchwood Highland Recovery Centre will normally be allocated a single room initially, with the opportunity to move into more independent living settings when available and when appropriate.

ABOUT YOU

Please provide as much of the information requested below as possible to help us understand your situation and needs.

1. Please tell us why you are interested in moving to Birchwood Highland Recovery Centre.

2. Can you tell us what you would like to change about your present situation?

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3. What help do you think you will need to make these changes?

4. What assistance do you currently receive to support your physical and mental wellbeing? E.g. do you regularly see a Doctor/CPN/Support Worker etc?

5. What work/activities/hobbies/do you enjoy or would like to take up?
Are there any subjects you are particularly interested in/would like to access further education in?

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6. Is there any aspect of your health that concerns you?

7. Is there any further information you feel is relevant regarding your health?

8. Do you have any questions you would like to ask or any additional information you think is relevant to your application?

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Please provide the following contact details to help us progress your application:

Your G.P.

Name

Address

.....

Tel No

Your Psychiatrist

Name

Address

.....

Tel No

Your Community Psychiatric Nurse/Keyworker

Name

Address

.....

Tel No

I agree to confidential medical/social information being provided/obtained as part of this Application to Birchwood Highland from the above-mentioned people.

..... (signed)(Date)

This information is being obtained to help us decide if you are suitable for the service provided and accommodation available at Birchwood Highland Recovery Centre. All such information will be stored securely for the time of your occupancy and for a statutory 3-year period after you leave. It will not at any time be released to any other agency or individual and will only be viewed by professionals outside of

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Birchwood Highland Recovery Centre who form part of the Selection Panel (outlined below) if your application meets the initial Birchwood House criteria.

WHAT HAPPENS NEXT

We will contact the above named health professionals to collect information relevant to your application. This information, together with the information you have provided in this form, will be passed to a Selection Panel (a group comprising members from health, social work and Birchwood Highland) who will make a decision about whether or not to offer you a place (or, if Birchwood Highland Recovery Centre is currently full, to put you on the waiting list). We will inform you of the outcome of your application, including when the panel is due to meet and the outcome of that meeting. If you are to be placed on a waiting list, we will keep in regular contact to advise you of the likely timescales involved.

Thank you for your interest in Birchwood Highland Recovery Centre.