

ADMISSION FORM: FREEDOM THERAPY

“E”

Intake Managed By: Counseling by Darryl:

How did you hear about H.R? Counseling by Paul:

ADMISSION FORM FREEDOM THERAPY CC REGISTRATION NUMBER : 2010/063704/23 T/A HOUSE REGENERATION

STUDENT INFO: _____ **DATE:** _____

Name:	Physical Address:
Surname:	
ID Nr:	Postal Address:
Home Language:	
SPONSORS DETAILS:	NEXT OF KIN DETAILS:
Surname:	Surname:
Name:	Name:
Cell Phone nr:	Cell Phone nr:
Landline nr:	Landline nr:
E-Mail address:	E-Mail address:
Fax nr:	Fax nr:

SUBSTANCES USED:

Alcohol	Crystal Meth	Speed
Heroin	Buttons	Tik
Crack	Dagga	Khat
Cocaine	Ecstasy	Prescription
Methamphetamines	LSD	Other

PREVIOUS REHABILITATION

Institution:	Year/Months	Completed		References/Contacts
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

MEDICAL HISTORY

	A) Diagnosis	B) Medication	Have you been tested for the following: Result:		
1. Psychiatric			AIDS	Yes	No
2. Physical			TB	Yes	No
Any Serious:			Syphilis	Yes	No
Operations			Hepatitis	Yes	No
Illnesses					
Allergies / Asthma					
Other Important					
Medical Aid? (If so, please provide details)					Yes / No
Name of medical aid		Main Members I.D:			
Main members name		Dependent Code:			
Option		Medical Aid Tel No:			

Terms & Conditions: The student, parents/guardians and sponsor hereby acknowledge that all information provided in this application is true, correct and honest. The student acknowledges that he/she has read the rules and understands that there will be daily routines and binds themselves thereto. The student, parents/guardian and sponsor acknowledge that they have read the conditions, rules and information provided to them and understands that there will be tests done at any time for drugs and/or alcohol and also agrees to be tested for AIDS, TB, Syphilis and Hepatitis if needed at his/her cost. The student, parents/guardian and sponsor understand that should the student leave the program before his/her completion date without our consent, House Regeneration is not obliged to assist the student in any other way. The student, parents/guardian and sponsor understand that should the above applicant abscond, be expelled or leave for any reason whatsoever, before completion of the time period decided on, or without consent from management they will forfeit all funds paid to House Regeneration and are still liable for any outstanding invoices not paid in full. Invoices should be paid within 7days, thereafter there is a once off admin fee of R50 and 5% interest per month added. The student and sponsor herewith release themselves from any claim of any nature against House Regeneration or Extreme Freedom Foundation which themselves, administrators, dependents or executors may have as a result of civil unrest, arrests, deportation, accidents, sickness, injuries during recreation or work, loss of or damage to property or personal loss of any kind that may occur during or from involvement with House Regeneration. Any company property that is damaged due to the student's negligence will be billed to their account. The student & sponsor allow all media recordings that may be taken by House Regeneration of anyone at House Regeneration or its functions to be used as House Regeneration sees fit.

Welcome to our Regeneration program, we look forward to your stay with us and trust that the outcome will lead to a life changing, permanent transformation for you and your loved ones.

STUDENT SIGNATURE _____ DATE

SPONSOR SIGNATURE _____ DATE

Please check that the following has been covered: <ul style="list-style-type: none"> ✓ Watched the Intro DVD ✓ Signed & understand disciplinary form ✓ Received Elize Banks' book. ✓ Understand payment plans and have paid 1st months fee.
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