



N.C.C.C.

NOUPOORT CHRISTIAN CARE CENTRE, P.O.Box 113, Noupoort, 5950
 Office: (049) 843 1747 : (049) 843 1787
 Email: info@drugalarm.co.za
 Web: www.drugalarm.co.za
 N.P.O: 004-150
 P.B.O. 930 020 451

CEO: Mr Richard Driver : Program Manager: Pastor Pia Green

Founders: Pastor Sophocles and Gladys Nissiotis

Y	Y	M	M	D	D

APPLICATION FOR NCCC REHABILITATION PROGRAM

A. GENERAL INFORMATION

PERSONAL INFO	Surname																				
	First Name																				
Identity no																					
DOB																					

Country of birth																					
Rep SA																					
Other (Specify)																					
Dependants																					
Church Affiliation																					
Pastor																					
Pastor's contact no																					
Referred by	Name																				
(please complete)	Tel																				
Why Noupoort?																					

Physical address of applicant																					
E-mail																					
Cell no																					
Tel (H)																					
Fax no																					

Qualifications																				
Profession																				
Hobbies / Interests																				
How many years employed?																				
In which position / capacity?																				



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Court cases pending	(Be specific and give date of next court appearance)
Charge	
Court date	
District	

SPONSOR INFO	Surname																			
	First Name																			
	Sponsor Relationship																			

Physical address of sponsor	Home language

Postal address of sponsor

E-mail	
Cell no	
Tel (H)	Tel (W)
Fax no	

FAMILY DETAILS
Next of Kin
Relationship
Cell
Tel
Fax no
E-Mail

B.SUBSTANCE ABUSE

DRUG OF CHOICE : (main addiction)

Alcohol	Mandrax	Tik
Heroin	Dagga	Khat
Crack	Ecstasy	Prescription Meds
Cocaine	LSD	Other substances used

OTHER SUBSTANCES USED

Alcohol	Mandrax	Tik
Heroin	Dagga	Khat
Crack	Ecstasy	Prescription Meds
Cocaine	LSD	Other substances used



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PREVIOUS REHABILITATION

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	
		Yes	No	

PRESENT CONDITION

Physical		Comment
Poor		
Average		
Good		
Excellent		

Psychological	
Are you on prescription medication	
If yes name of medication	

Y	N	
	Years	
Name		
Contact no		

Period on above medication	
Psychiatrist / GP who prescribed	

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		Years
Have you been tested for the following?	Yes/No	Date
		Result



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AIDS		Y	N		
I agree to be tested for the above while in Noupoort					Signature
Hepatitis		Y	N		

MEDICAL HISTORY / INFORMATION

Serious operations		Self mutilation	
Serious illnesses		Anorexia	
Serious injuries		Bulimia	
Allergies/Asthma			
Any other information with respect to any physical condition			
Are you on any Disability Grant?	Y	N	
If yes, reason for Grant.			

MEDICAL AID DETAILS

Is the applicant on medical aid (if so please provide details)		Y	N
Name of medical aid			
Members name			
Membership no			
Option			
Dependant code			
Member's ID no			
Medical aid telephone no			

Please fax a copy of both sides of the Medical Aid Card.

I hereby acknowledge that all information provided in this application is honest.

I have read the rules and the attached daily routine and bind myself thereto.

I agree to have tests done at any given time for drugs and/or alcohol.

I agree to be tested for COVID 19, AIDS, TB, Syphilis and Hepatitis.

I understand that should I decide to leave the program before the completion date that NCCC is not obliged to assist me in

You are the light of the world. A city that is set on a hill cannot be hidden – Matthew 5 v 14



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any way.

I understand that I will **forfeit all funds** should I leave the program before the completion date.

I understand that relapse is not part of NCCC program and the use of any addictive substance during my program at N.C.C.C will result in a new program.

Should a resident abscond the sponsor/parent must return her/him before 48 hours lapses to ensure continuing the program.

RESIDENT/STUDENTS SIGNATURE

DATE

I, _____.

, ID
No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

declare that I have read the Programme Format of N.C.C.C. I understand that should the above applicant abscond, be expelled or leave for any reason whatsoever, before completion of the 52 week programme, that **all** the program fees will be forfeited.

SPONSOR SIGNATURE

DATE

Important background information

Please supply confidential information which can aid counsellors: e.g. how the drug abuse of the applicant affected himself and his loved ones emotionally, financially, physically, spiritually and socially (either English or Afrikaans)



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Signature _____

Date _____