

Your Personal Details:

Full Name:		DOB:	/ /
Address:			
.....			
.....			
..... Post Code:			
Phone (Daytime):		Mobile:	
E-mail:			
Mental Health diagnosis:			
.....			
.....			
.....			
Where did you hear about Our Service:			
.....			
.....			
.....			

Please provide contact details of someone you have known for more than two years to act as a referee. Please note Swindon Mind may contact this person as part of our referral process:

Full Name:	
Address:	
.....	
.....	
..... Post Code:	
Phone (Daytime):	
Mobile:	
Please describe your relationship with this person;	
.....	
.....	

RETURN ON COMPLETION TO:
 Swindon Mind, Swindon Advice and Support Centre, Sanford Street,
 Swindon, SN1 1HE. Telephone 01793 432031 Fax: 01793 436889 Email:
 admin@swindonmind.org.

Would like support with any of the following, five Ways to Wellbeing (please tick)

Developing Social Networks (Connect)			
Meeting new people	<input type="checkbox"/>	Joining local clubs/groups	<input type="checkbox"/>
Gathering information on activities	<input type="checkbox"/>	Accessing faith/culture based groups	<input type="checkbox"/>
Developing social skills	<input type="checkbox"/>	Accessing counselling (e.g. self-harm counselling)	<input type="checkbox"/>

Developing Independence and Wellbeing (Be Active)			
Walking Group	<input type="checkbox"/>	Yoga, Pilates, Healthy lifestyles	<input type="checkbox"/>
Self-esteem/confidence building	<input type="checkbox"/>	Accessing public transport	<input type="checkbox"/>
Accessing sports and leisure	<input type="checkbox"/>		<input type="checkbox"/>

Developing Creative Interests (Take Notice)			
Accessing local community facilities	<input type="checkbox"/>	Accessing relaxation, respite, BBT, DBT	<input type="checkbox"/>
Pursue hobbies / interests	<input type="checkbox"/>	Creative activities art, media, radio	<input type="checkbox"/>
Engagement in a meaningful activity	<input type="checkbox"/>		<input type="checkbox"/>

Accessing training/education (Keep Learning)			
Explore training /education opportunities	<input type="checkbox"/>	Accessing courses	<input type="checkbox"/>
Advice/Guidance	<input type="checkbox"/>	Support from other agencies	<input type="checkbox"/>

Accessing Peer Support Opportunities or Work Placements (Give)			
Exploring volunteering opportunities	<input type="checkbox"/>	Peer support volunteering/training	<input type="checkbox"/>
Developing skills and confidence	<input type="checkbox"/>	Employment, work experience	<input type="checkbox"/>

Self-Assessment

Do you have a history of the following? (please tick)			
Self-Harm	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexual Offences	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-Neglect	Yes <input type="checkbox"/> No <input type="checkbox"/>	Drugs Misuse (Misuse of prescription Meds)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicide Attempts	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you recently left hospital? (please tick)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes Please give Details.			
Have you recently left the military? (please tick)			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes Please give Details.			

Day to Day Activities How difficult do you find it completing day to day activities because of your mental or physical health?		Social Activities How does your mental and physical health limit your social activities?		Overall Health How would you rate your overall health?	
No difficulty		Not at all		Excellent	
Sometimes difficult		Sometimes		Good	
Quite difficult		Often		Fair	
Very difficult		All the time		Poor	

CONFIDENTIAL
 Equal Opportunities Monitoring Form



Please complete all sections of the following form:

Swindon Mind is committed to achieving equal opportunities in employment and the services it provides and believes that no-one should receive less favourable treatment because of their sex, colour, ethnic origin, age, race, disability, religion, sexual orientation, marital status, or any other criterion not relevant to the point at issue. In order to ensure the continued development of our Equal Opportunities Policy all applicants are asked to complete the details required below. The information will be used solely for monitoring purposes, and will be treated as confidential.

Data Protection Act 1998

Under the Data Protection Act 1998, we have a legal duty to protect any personal information we collect from you.

- We will only use personal information you supply to us for the reason that you provided it for
- We will only hold your information for as long as necessary to fulfil that purpose
- We will not pass your information to any other parties unless this is made clear to you at the time you supplied it
- All employees who have access to your personal data or are associated with the handling of that data are obliged to respect your confidentiality

Has Swindon Mind provided you with a copy of the Confidentiality Policy?
 Was it explained to you and did you understand the Confidentiality Policy?

Please tick as appropriate:

1. White		2. Mixed	
a) British		a) White & black Caribbean	
b) Irish		b) White & black African	
c) Any other white background		c) White & Asian	
Please specify:		d) Any other mixed background	
3. Asian or British Asian		4. Black or Black British	
a) Indian		a) Caribbean	
b) Pakistani		b) African	
c) Bangladeshi		c) Any other background	
d) Any other Asian background			
5. Chinese or other ethnic group			
a) Chinese		b) Any other (Please specify below)	

My religion is: Christian / Sikh / Muslim / Hindu / None / Other (please state)

.....

I am: Employed / Unemployed / Registered disabled / Retired

My gender is: Female / Male / Other

I consider myself to be: Heterosexual / Homosexual / Lesbian / Bisexual/ Prefer not to say

I am: Single / Married / Divorced or separated / Widowed

I live in: Council house / Council Flat / Owner Occupier / Private Rental / Other

Other people in household

Name	Gender	DOB (if under 18)	Relationship to client
Pets:			

Consent to Share Confidential information



Must be updated every 12 months with Service User and Swindon Mind staff.

It may be necessary for Swindon Mind to seek further information in the event there are concerns regarding your health or in the event of an emergency, Therefore, Swindon Mind requires you to agree that the following people and/or services can be contacted.

Next of kin or other emergency contact:

Full Name:			
Address:			
.....			
..... Post Code:			
Phone (Daytime):		Mobile:	
Please describe your relationship with this person;			
.....			
.....			
In the event Swindon Mind require more information. Please indicate below your preferred method of contact (please tick all that apply): Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> In writing <input type="checkbox"/>			

Your GP details:

Name:		Phone:	
Surgery:			

Your CPN/Support worker details:

Name:		Phone:	
Organisation:			

Other please specify:

Name:		Phone:	
Organisation:			

Declaration:

It is important that you understand that on occasion Swindon Mind are obliged to share certain information with other services e.g. Local Safeguarding of Vulnerable Adults Team, Child Protection Team, other Swindon Mind Staff, Service Regulator(s). Should this need arise Swindon Mind will make every effort to discuss this with you prior to any information being shared.

Signature:	Date:	/	/
------------	-------	-------	---	---