

The Waves Recovery Programme

Please complete this form with as much information as possible. Someone may help you to complete the form, but we ask that it is filled in using your own words.

Date of application:			
Applicant Details			
First name:		Surname:	
Gender:		D.O.B:	
Preferred Pronouns:		NHS No.:	
Address:			
Telephone No:		Mobile No:	
Email:			
GP Name & Address:			
Self-application:	Yes	Please circle and move on to the Application Section below	No Please complete info below
Person supporting applicant details:			
Organisation: <small>(name & address)</small>			
Supporter's Name:		Job Title:	
Supporter's Contact Number:		Supporter's Email:	

Do you have a diagnosis of BPD or EUPD? *If yes, when were you diagnosed? If not, what traits do you have?*

What do you hope to gain from attending the course and why do you want to attend?

Please could you tell us a bit about yourself? What is important to you? How do you see yourself? (e.g. particular interests, favourite foods, things you do and don't like etc.)

Do you have any particular requirements which we need to be aware of? (This might include any physical disabilities, difficulties with others, etc.)

What are your long term goals for the future? What do you want to do with your life? (For example, such as wanting be to work with animals or work as a nurse)

Have you attended group activities before? (Either at Waves or other settings)

Yes:

No:

If yes, could you give some details and explain how you found the experience?

Ethnicity & Diversity Monitoring <i>(please tick the boxes that applies to you)</i>									
Section 1: Gender									
Male		Female		Transgender		Declined			
Section 2: Age									
16-25		26-35		35-45		45-54		55-64	65+
Section 3: Ethnicity									
White		Black/African/Caribbean/ Black British				Other ethnic groups			
British		European			Arab				
Scottish		African			other				
Welsh		Caribbean			Asian/Asian British				
Northern Irish		Other			Indian				
Irish		Mixed/Multiple ethnic groups				Pakistani			
Traveller		White & black Caribbean			Bangladeshi				
		White & black African			Chinese				
		Other (please state)			Other				
					Declined				
Section 4: Sexual Orientation									
Heterosexual		Gay Man		Lesbian		Bisexual		Other	
Section 5: Religion									
Catholic		Protestant			Church of England				
Muslim		Hindu			Buddhist				
Jewish		Sikh			Atheist				
Other		Prefer not to say							
Section 6: Marital Status									
Co-habiting		Married			Single				
Divorced		Separated			Widowed				
Other		Prefer not to say							
Section 7: Economic Status									
Stay at home parent		Self employed			Unable to work				
Full time work		Student			Unemployed				
Part time work		Retired			other				
Section 8: Do you consider yourself to have a disability?									
Yes <i>(if yes please give details)</i>				No					
Details:									

Data Consent

Applicants Name	Applicants Signature	Date of Application
Health professionals Name (if completed on behalf of the service user)	Health Professional Signature ((if completed on behalf of the service user)	Date of Application

By signing the above, you give consent to the below GDPR statement.

Data Protection: Referral Consent

Form Permission to store and process your data:

To help with your referral and any support you receive from Norfolk and Waveney Mind we will need to record your details. These will include personal and sensitive data. (Personal data is information that can be used to identify you, for example: your name, DOB, address etc. Sensitive data is information related, for example, to health, racial or ethnic origin)

To comply with The Data Protection Act 2018, we as data controllers must ask your permission to store and process your personal and sensitive data. Your data will be stored on a cloud based electronic database accessed by employ- ees (data processors) of Norfolk and Waveney Mind. Paper copies of your data may also be stored securely and accessed by authorised employees of Norfolk and Waveney Mind. Your data will continue to be stored for 6 years from the date you leave our service and will then be deleted at the end of this period.

If we need to share your information we will only do this if there is a clear and legitimate purpose for sharing and we have your written or verbal consent or there is a lawful reason to share your information.

Please complete all requested information to avoid delays in the referral being processed

Thank you for completing this form. Please return to:

by Email: waves@norfolkandwaveneymind.org.uk

by post:

Waves
 The Recovery Centre, Zone B
 Norfolk and Waveney Mind
 50 Sale Road
 Norwich
 NR7 9TP

For any queries, please contact us at the above email address or by calling us on **01603 853176**

