

The Waves Recovery Programme Application Form

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
Are you currently open to any other mental health service? (if yes, please state which service)	Yes		No
Person supporting applicant details:			
Organisation: <small>(name & address)</small>			
Supporter's Name:		Job Title:	
Supporter's Contact Number:		Supporter's Email:	

Inclusive

Responsive

Respectful

Integrity

Do you have a diagnosis of BPD or EUPD? (If yes, when were you diagnosed?)

Which traits of BPD/EUPD do you experience and how do these impact your life?

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Are there any risks from the past 6 months that we should be aware of? *(This is a risk to self or others, please note that self-harm does not exclude you from this service)*

How would you describe yourself in three words? *(If you are unable to think of three, how would others describe you?)*

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How do you spend your spare time? *(For example, hobbies, spending time with friends/family)*

The group will consist of around 16 participants, do you have any previous experience of participating in a large group? *(If yes, how did you find this? If no, how do you think you will find a large group?)*

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Do you have any requirements for group that we need to be aware of? (For example, allergies, coloured paper or large font text for handouts)

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Ethnicity & Diversity Monitoring (please tick the boxes that applies to you)

Section 1: Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Non-Binary	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Prefer not to Say	<input type="checkbox"/>
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Section 2: Age

16-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	35-45	<input type="checkbox"/>	45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65+	<input type="checkbox"/>
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Section 3: Ethnicity

White		Black/African/Caribbean/ Black British		Other ethnic groups	
British	<input type="checkbox"/>	European	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	African	<input type="checkbox"/>	other	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Asian/Asian British	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Mixed/Multiple ethnic groups		Pakistani	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	White & black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		White & black African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
		Other (please state)	<input type="checkbox"/>	Other	<input type="checkbox"/>
				Declined	<input type="checkbox"/>

Section 4: Sexual Orientation

Heterosexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer not to Say	<input type="checkbox"/>
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Section 5: Religion

Catholic	<input type="checkbox"/>	Protestant	<input type="checkbox"/>	Church of England	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Atheist	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		<input type="checkbox"/>

Section 6: Marital Status

Co-habiting	<input type="checkbox"/>	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		<input type="checkbox"/>

Section 7: Economic Status

Stay at home parent	<input type="checkbox"/>	Self employed	<input type="checkbox"/>	Unable to work	<input type="checkbox"/>
Full time work	<input type="checkbox"/>	Student	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Part time work	<input type="checkbox"/>	Retired	<input type="checkbox"/>	other	<input type="checkbox"/>

Section 8: Do you consider yourself to have a disability?

Yes (if yes please give details)	<input type="checkbox"/>	No	<input type="checkbox"/>
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Details:

Data Consent

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

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 employees (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

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Once completed please return via post or email

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