**The Waves Recovery Programme**

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| **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:** (name & address) |  |
| **Supporter’s Name:** |  | **Job Title:** |  |
| **Supporter’s Contact Number:** |  | **Supporter’s Email:**  |  |

**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.**

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

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| **What do you hope to gain from attending the course and why do you want to attend?** |
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| **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.)* |
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| **Do you have any particular requirements which we need to be aware of?** *(This might include any physical disabilities, difficulties with others, etc.)* |
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| **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)* |
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| **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?** |
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| **Ethnicity & Diversity Monitoring** *(please tick the boxes that applies to you)* |
| **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 *(if yes please give details)*  |  | No |  |
| Details:  |
|  |

**Data Consent**

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| --- | --- | --- |
| Applicants Name | Applicants Signature | Date of Application  |
| Heath 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**