

## Darlington Mind Limited

St Hilda's House, 11 Borough Road, Darlington, Co. Durham, DL1 1SQ

**CONFIDENTIAL**

### Application Form

#### Referring Agent details

Name		Office Address	
Job Role		Post code	
Referring Agency		Tel	Fax
Department		Email	
Is the applicant subject to CPA? <small>(*delete as applicable)</small>	Yes / No	Is the applicant subject to S117 aftercare? <small>(*delete as applicable)</small>	Yes / No

#### Your personal details & information (Applicant)

Forename(s)		Surname	
Title * Mr/Miss/Mrs/Ms	Date of Birth	Marital Status (*delete as applicable) Single/Married/Divorced/Widowed/Separated/Civil Partnership	
Address		Home Tel No.	
		Mobile No.	
Post code		Email	
		Ethnic Origin	

**Indicate how we can contact and/or leave a message for you (\*Confirm YES by circling as applicable):**

*\*your home address/\*home telephone number/\*mobile phone number/\*email address*

How would you describe your current circumstances: (*delete as applicable)				Employed/Unemployed/Retired	
How did you become aware of Mind Services?	Website	Yes / No	Social Media <small>i.e. Facebook/Twitter</small>	Yes / No	Other <small>(*please state)</small>
Are you in receipt of:	Personal Budget	Yes / No		Direct Payment	Yes / No

#### Agencies involved in your support

GP Name	Consultant Name
Address	Address
Post code	Post code
CPN Name	Social Worker Name
Address	Address
Post code	Post code

*Names & Addresses of other agencies involved: (e.g. Psychologist/Counsellor/Drug/Alcohol/Probation etc.)*

#### Your Next of Kin Details or Agreed Contact in Cases of Emergency

Name	Name
Relationship	Relationship
Address	Address
Post code	Post code
Tel No.	Tel No.
Mobile No.	Mobile No.

## Menu of Services

<i>*Please indicate the Services you would like to access</i>			
Accommodation (Supported Living)	<input type="checkbox"/>	Music Project	<input type="checkbox"/>
Activity Hub	<input type="checkbox"/>	Personal Development Courses & Workshops (RWP)	<input type="checkbox"/>
Art & Creative Crafts	<input type="checkbox"/>	Poetry Group (AH)	<input type="checkbox"/>
Computer Training ( <i>*Complete supplementary sheet</i> )	<input type="checkbox"/>	Positivity Through Activity (PTA)	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Support Group (PTA)	<input type="checkbox"/>
Green Project	<input type="checkbox"/>	Walking Group (PTA)	<input type="checkbox"/>

## About you, your needs & aspirations

**What outcome would you like to achieve by accessing the services at Darlington Mind:**

*\*Please do not leave blank:*

**Please indicate if you have religious, spiritual or culture needs that we should be aware of?**

*If yes, please provide additional information on a separate sheet.*

Yes

No

**Are you related to or do you have a relationship with any Staff Member of this organisation?**

*If yes, please provide additional information on a separate sheet.*

Yes

No

**Are you a Carer for a relative or another person?**

*If yes, please provide additional information on a separate sheet.*

Yes

No

**Can we provide additional support for you with:**

Numeracy

Literacy

Dyslexia

Language Barriers

Other please state:

## Your health matters

**Please indicate your diagnosis or primary mental health difficulty: (\*please tick what is relevant to you)**

ADHD	<input type="checkbox"/>	Autism /Asperger	<input type="checkbox"/>	Personality Disorder	<input type="checkbox"/>
Alcohol Dependency	<input type="checkbox"/>	Bipolar	<input type="checkbox"/>	Phobia	<input type="checkbox"/>
Anger	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	Self harm	<input type="checkbox"/>
Anorexia Nervosa	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	Drug/Solvent Dependency	<input type="checkbox"/>	Schizoaffective Disorder	<input type="checkbox"/>
Anxiety & Depression	<input type="checkbox"/>	OCD	<input type="checkbox"/>	Stress	<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**Do you have Physical, learning, mobility, communication or other needs/preferences that we should be aware of?**

*\*Please detail so that we can understand how best to support you.*

**Medication** (\*please PRINT detail)

Med1		Med4	
Med2		Med5	
Med3		Med6	

**Do you have an Advance Statement (Statement of Wishes) that we should be aware of? Yes/No** (\*delete as applicable)

## Your consent

**Do we have your permission to access Support Plans/Reports/MHA Status/Risk assessments/CCA's/other, from your Doctor, Social Worker, C.P.N. and/or any other relevant professional/worker involved in your care as we require, so that we can learn how best to support you?**

Yes

No

**Do you give your signed consent and agreement for your ID photograph to be taken for commencement of Mind Services and thereafter as required, for the purposes of health, safety & security whilst on site at Darlington Mind?**

Yes

No

## Data Protection

Darlington Mind Ltd recognises that its service users have a right to have information about them kept confidential, and that this is essential for maintaining their trust in the organisation and hence essential for running the service. The 1998 Data Protection Act defines your rights as an individual in relation to the information held about you, and how it might be used. Under the 1998 Data Protection Act we will not disclose this information to any other organisation, except in connection with Darlington Mind application purposes.

## Signatures

Applicant Signature		Date	
Referrer Signature		Date	

**Return to: Admin/Reception, Darlington Mind, St. Hilda's House, 11 Borough Road, Darlington, Co. Durham. DL1 1SQ.**