

## 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:			
<b>Applicant Details</b>			
First name:		Surname:	
Gender:		D.O.B:	
Preferred Pronouns:		NHS No.:	
Address:			
Telephone No:		Mobile No:	
Email:			
GP Name & Address:			
Self-application:	<b>Yes</b>	Please circle and move on to the Application Section below	<b>No</b> Please complete info below
<b>Person supporting applicant details:</b>			
Organisation: (name & address)			
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?***

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# Application Form

**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?**

Thank you for completing this form. Please return to:

by Email: [waves@norfolkandwaveneymind.org.uk](mailto: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**

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