**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?** |
|  |

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**

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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:  |
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