**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.**

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

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |