**Application Form**

**The Waves Recovery Programme**

**Waves**

Zone B .The Recovery Centre
Norfolk and Waveney Mind

50 Sale Road

Norwich

NR7 9TP

**waves@norfolkandwaveneymind.org.uk**

Telephone: 01603 853176

X local Mind
Address line 1

Address line 2

Town, POSTCODE

**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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| **Date of application:** |  |
| **Applicant Details** |
| **First name:** |  | **Surname:** |  |
| **Gender:** |  | **D.O.B:** |  |
| **Preferred Pronouns:** |  | **NHS No.:** |  |
| **Address:** |  |
| **Telephone No:** |  | **Mobile No:** |  |
| **Email:** |  |
| **Ethnicity:**(please tick) | **White** | **Mixed** | **Asian/Asian British** | **Black/Black British** | **Other**  |
| British |  | White and Black Caribbean |  | Indian |  | Caribbean |  | Chinese  |  |
| Irish |  | White and Black African |  | Pakistani |  | African |  | Any other ethnic group |  |
| Any other White Backgound |  | White and Asian |  | Bangladeshi |  | Any other Black background |  |  |  |
|  |  | Any other Mixed Background |  | Any other Asian Background |  |  |  |  |  |
| **GP Name & Address:** |  |
| **Self-application:** | **Yes**  | Please circle and move on to the Application Section below | **No** | Please complete info below |
| **Are you currently open to any other mental health service?** *(if yes, please state which service)* | **Yes** |  | **No** |  |
| **Person supporting applicant details:** |
| **Organisation:** (name & address) |  |
| **Supporter’s Name:** |  | **Job Title:** |  |
| **Supporter’s Contact Number:** |  | **Supporter’s Email:**  |  |

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| **Do you have a diagnosis of BPD or EUPD***? (If yes, when were you diagnosed?)* |
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| **Which traits of BPD/EUPD do you experience and how do these impact your life?** |
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| **Are there any risks from the past 6 months that we should be aware of?** *(This is a risk to self or others, please note that self-harm does not exclude you from this service)*  |
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| **How would you describe yourself in three words?** *(If you are unable to think of three, how would others describe you?)* |
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| **How do you spend your spare time?** *(For example, hobbies, spending time with friends/family)*  |
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| **The group will consist of around 16 participants, do you have any previous experience of participating in a large group?** *(If yes, how did you find this? If no, how do you think you will find a large group?)*  |
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| **Do you have any requirements for group that we need to be aware of?** *(For example, allergies, coloured paper or large font text for handouts)*  |
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**Privacy Statement:**

We will process the information you have provided above and any information you provide in future as per our privacy policy at <https://www.norfolkandwaveneymind.org.uk/privacy-policy>. The policy details how we will follow GDPR regulations to process and keep your data safe. Most of our data processing will be done under the lawful basis of ‘legitimate interests.’ This means that there is a legitimate interest for Norfolk and Waveney Mind to process your information to help us to support you and other service users.

The personal information we collect about you will mainly be used by our staff at Norfolk and Waveney Mind so that they can support you. We will not pass on your details to anyone else without your express permission except in exceptional circumstances. Examples of this might include anyone reporting serious self-harm, posing a threat to others, sharing serious issues such as physical abuse or exploitation.

By signing below and submitting this application, you are:

* Confirming that the above information is correct to the best of your knowledge
* Confirming that you have read and acknowledged our full privacy statement

**Please complete all requested information to avoid delays in the referral being processed**

|  |  |  |
| --- | --- | --- |
| 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 |

**Once completed please return via post or email**

**waves@norfolkandwaveneymind.org.uk**

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