

The Waves Recovery Programme Application Form

Waves

Zone B .The Recovery Centre Norfolk and Waveney Mind 50 Sale Road Norwich NR7 9TP

waves@norfolkandwaveneymin d.org.uk

Telephone: 01603 853176

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:											
Applicant Details											
First name:					Surna	ıme:					
Gender:				D.O.B	D.O.B:						
Preferred					NHS No.:						
Pronouns:											
Address:											
Talanhana Na					Mobil	o No:					
Telephone No: Email:		Mobile No:									
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	White		IMIYAA		British		British		Other		
	British		White and Black	Indi	ian		Caribbean		Chinese		
			Caribbean						Any		
	lrioh		White and Black		kistani	African		other			
Ethnicity:	Irish		African	Fai	NStarii		African		ethnic		
(please tick)	Any other						Any other		group		
	White		White and Asian	Baı	Bangladeshi		Black				
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GP Name &								•			
Address:											
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Self-application:		Yes	Please circle and move on to the Application Section below		No	Please complete info below					
Are you currently		Yes			No						
open to any											
mental health											
service? (if yes, please state which											
service)	WINCII										
Person supporting		applic	cant details:								
Organisation:		~PPII	Jane Gotallor								
(name & address)							T				
Supporter's Name:					Job T	itle:					
Supportor's					Summarka via						
Supporter's Contact Number:					Supporter's Email:						
Contact Number:				Emaii:							

Inclusive

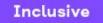
Responsive

Respectful

Integrity



Do you have a diagnosis of BPD or EUPD? (If yes, when were you diagnosed?)
be you have a diagnosis of bir
Which traits of BPD/EUPD do you experience and how do these impact your life?





Respectful

Integrity



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)
How would you describe yourself in three words? (If you are unable to think of three, how would others describe you?)



How do you spend your	spare time? (For example, hobbies	, spending time with friends/family)
The group will consist of	of around 16 pa	articipants, do you h	ave any previous experience of
The group will consist of participating in a large group?)	of around 16 pagroup? (If yes,	articipants, do you h how did you find this?	ave any previous experience of If no, how do you think you will
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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)					

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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Norfolk
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