

The Waves Recovery Programme

Application Form

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:					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 Background		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:					

Inclusive

Responsive

Respectful

Integrity

Do you have a diagnosis of BPD or EUPD? (If yes, when were you diagnosed?)

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)*

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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Respectful

Integrity

How do you spend your spare time? *(For example, hobbies, spending time with friends/family)*

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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Integrity

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

<u>Applicants Name</u>	<u>Applicants Signature</u>	<u>Date of Application</u>
<u>Health professionals Name</u> <u>(if completed on behalf of</u> <u>the service user)</u>	<u>Health Professional Signature</u> <u>((if completed on behalf of the</u> <u>service user)</u>	<u>Date of Application</u>

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Once completed please return via post or email

waves@norfolkandwaveneymind.org.uk

**Waves
Norfolk and Waveney Mind
50 Sale Road
Norwich
Norfolk
NR7 9TP**

Inclusive

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