**REFERRAL/REGISTRATION FORM**

**Date:** Click or tap here to enter text. **Registration ID:** (for office use only)

Please complete the following information about yourself. The information is to be used for monitoring purposes only. Your rights under the General Data Protection Regulations (GDPR) 2016 and the Data Protection Act (DPA) 2018 will be protected

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Postcode:** Click or tap here to enter text.

**Do you rent your home? YES** [ ]  **NO** [ ]

**Telephone Number:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Preferred method of contact:**

Telephone [ ]  Text [ ]  Email [ ]  Post [ ]  DO NOT CONTACT [ ]

**Emergency Contact Name:** Click or tap here to enter text. **Number:** Click or tap here to enter text.

**GP Name:** Click or tap here to enter text. **Number:** Click or tap here to enter text.

**GP Practice:** Click or tap here to enter text.

**Third party/Agency referral**

**Do you have the woman’s permission to make this referral?** [ ]  Yes [ ]  No

**Name of referrer:** Click or tap here to enter text. **Job Title/Agency:** Click or tap here to enter text.

**Relationship to woman:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text. **Email: Address:** Click or tap here to enter text.

**Brief reason for referral:** Click or tap here to enter text.

**Are you a Carer?** [ ]  **Are you a Lone Parent?** [ ]

**Will you be using the Crèche?** [ ]

**If you are using the crèche, please tell us the age/s of your child/children** Click or tap here to enter text.

**Are you affected by any of the following?**

Health Issues [ ]  Long-term conditions [ ]  Mental health issues [ ]  Suicide and self-harm [ ]

Sexual violence [ ]  Domestic Violence and Abuse [ ]

Substance misuse: Alcohol [ ]  Current/historic: Drugs [ ]  Current/Historic

Do you feel you need any extra support to be able to attend courses/groups at Aspire? [ ]

**Employment Status:**

Employed [ ]  Unemployed [ ]  Retired [ ]  Student [ ]

In receipt of benefits [ ]

**Religion:**

Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]  Muslim [ ]  Sikh [ ]  No religion [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to Say ❑

**How would you identify yourself?**

Lesbian[ ]  Gay [ ]  Bisexual [ ]  Heterosexual (straight) [ ]  Transgender [ ]

Other [ ]  Prefer not to Say [ ]

**Ethnic Origin:**

**White:** British [ ]  Irish [ ]  Other White background [ ]

**Mixed/multiple ethnic groups:** White and Black Caribbean [ ]  White and Black African [ ]

Gypsy Roma Traveller [ ]  White and Asian [ ]  Other Mixed background [ ]

**Asian or Asian British:** Indian [ ]  Bangladeshi [ ]  Pakistani [ ]  Other Asian background [ ]

**Black or Black British:** African [ ]  Caribbean [ ]  Other Black background [ ]

Chinese [ ]  Other ethnic background [ ]  Prefer not to Say [ ]

**Where did you hear about Aspire?**

Word of Mouth [ ]  Aspire Leaflet [ ]  Aspire Website [ ]  Online newsletter [ ]

GP/Social Prescriber [ ]  Twitter [ ]  Facebook [ ]  Instagram [ ]

Referred by another Agency [ ]

Aspire can keep you up to date with what we have to offer. If you **do** wish to receive this information, please tick here [ ]

We would like to hear how you’re getting on once you have moved on from Aspire:

Please tick this box to give permission for us to contact you in the future [ ]

**Thank you for choosing Aspire**