**REGISTRATION FORM**

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| **Date Registration ID (office use only)** |
| **Walk-in yes** **no Staff name** |
| **Client Name Preferred Pronouns** |
| **Date Of Birth** |
| **Address** |
| **Postcode** |
| **Email** |
| **Telephone** |
| **Emergency Contact Name Number** |
| **GP Name Number**  **Address** |
| **Are you a carer?** **yes** **no** |
| **Are you a lone parent? yes** **no** |
| **Will you be using the creche? (children pre-school age) yes** **no** |
| **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:** |
| **How would you identify yourself?**  Lesbian ❑ Gay ❑ Bisexual ❑ Heterosexual (straight) ❑ Transgender ❑  Other ❑ Prefer not to Say ❑ |
| **Religion:**  Buddhist ❑ Christian ❑ Hindu ❑ Jewish ❑ Muslim ❑ Sikh ❑ No religion ❑ Other ❑ |
| **Employment Status:**  Employed ☐ Unemployed ☐ Retired ☐ Student ☐  In receipt of benefits? ☐ |
| **Are you affected by any of the following?** |
| Physical disability  Learning disability  Mental Health Condition  Health Issues  Long-term condition  Suicide and Self-harm  Sexual Violence  Domestic Violence and Abuse  Neurodiversity  Substance misuse:  Alcohol  Current/historic  Drugs  Current/Historic |
| **How are you affected by the above?** |

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| **Do you feel you need any extra support to be able to attend courses/groups at Aspire?** |
| **Why would you like to come to Aspire?**  Emotional Support  Enjoyment  Personal Development  Social Interaction  Mental Health Support  Improve confidence  Improve Health and Wellbeing |
| **Please give us any other information you feel is relevant:** |
| **GDPR Statement**  Here at Aspire we wish to keep you informed as much as possible and ensure you are in control of your data. By providing your details you are giving us consent to process your data in line with the UK GDPR Legislation as a controller. You can view our privacy policy at any time via our website.  I consent for Aspire to contact me:  By telephone  By email  Subscribe me to your newsletter so I can be kept up to date please.  You may withdraw consent by speaking to a member of staff or by clicking the unsubscribe link on the bottom of all our emails.  Please note if you do not select a contact method above, we cannot process your registration. |
| **How did you hear about Aspire?**  Website  Class/Support group I Attend  Social Media  Email Newsletter  Word of Mouth  Professional/Referrer  Other (Please state) |
| **Signature:**  **(Self-referral only)** |
| Please email/post or hand in this form to Aspire. |

**Thank you for choosing Aspire.**

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| **Referral – to be completed by the referrer with the permission of the client** | | |
| Individual name (referrer) | Position | |
| Phone number | Email address | |
| Organisation Name and Address  Postcode | | |
| How long and in what capacity have you known the client? | | |
| Any relevant information regarding clients mental and physical health needs? | | |
| Client's priority needs (e.g., identification of support required, accessibility requirements and services needed) | | |
| Is support provided by any of the following?  Family Member ☐  Friend ☐  Social Worker ☐  Probation Officer ☐  CPN ☐  Other Agencies ☐ | | Please give any relevant details. |

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| Additional information relating to referral- please DO NOT leave blank. | |
| Does the client have a history of, or is there a risk of any of the following?  ☐ Violent offences  ☐ Physical abuse  ☐ Mental abuse  ☐ Racial abuse  ☐ Verbal abuse  ☐ Damage to property/arson  ☐ Sexual abuse | If yes please give further information: |
| Does the client have a history of or is at risk of:  ☐ Suicide  ☐ Self-harm  ☐ Accidental overdose  ☐ Misuse/non-compliance of medication  ☐ Vulnerability  ☐ Abuse from others  ☐ Mental health issues  ☐ Substance misuse (including alcohol) | If yes, please give further information |
| Has the client ever been refused support? | |
| Signed (Referral Agency) Date | |
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| Signed (Client) Date | |
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| If obtaining a signature was not possible, TICK to confirm you have the Client’s verbal consent: | |
| **GDPR Statement**  By providing your client details you are giving us consent to process the data in line with the UK GDPR Legislation as a Processor. We may collate further information directly from the individual and their data will be captured and stored in line with GDPR as a Controller. You can view our privacy policy at any time via our website. | |
| **How did you hear about Aspire?**  Website  Class/Support group  Social Media  Email Newsletter  Word of Mouth  Other Professional/Referrer  Other (Please state) | |
| Would you like to be added to our mailing list to receive updated information about our services? | |