

# NORFOLK CLUBHOUSE APPLICATION FORM

FOR OFFICE USE ONLY

Date received:		NHS:	
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## SECTION 1: *To be completed by the Applicant – please enter details in shaded areas*

Requirements for Application to be a Member of Norfolk Clubhouse.

- For 18 year olds and above.
- For individuals whose **primary diagnosis** is mental health.
- For those currently receiving support from your GP, or other Health/Social Care Professional (requires referral and risk assessment signed by a Health or Social Care professional).
- We accept referrals from Health Care Professionals, Voluntary Organisations, Social Services.
- Please see our privacy notice for information on how we manage members' data.
- If you would like to meet with us before you complete the form, please contact us by email and we will book a time to meet with you. This is for Members and Professionals.

## APPLICANT DETAILS

Name	
Date of birth	
Address Street & Road	
Town	
County	
Post Code	
Contact No	
Mobile No	
Email	

## REASONS FOR JOINING NORFOLK CLUBHOUSE

(tick all that apply)

<input type="checkbox"/>	To connect with others socially
<input type="checkbox"/>	To help manage my health/care needs
<input type="checkbox"/>	To provide a structure to my use of time
<input type="checkbox"/>	To grow my skills and confidence
<input type="checkbox"/>	To access opportunities to gain experience in accessing training, education or work tasters
<input type="checkbox"/>	To belong to a community where I can be part of supporting others as well as myself
<input type="checkbox"/>	To provide peer support/mentoring to others when I feel ready and able

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## DETAILS OF EXISTING PROFESSIONAL SUPPORT

<b>GP</b>	
Name	
Address	
Post Code	
Telephone No.	
<b>Health Care Professional</b>	
Name	
Address	
Post Code	
Telephone No.	
<b>Social Care Professional</b>	
Name	
Address	
Post Code	
Telephone No.	

## EMERGENCY CONTACT PERSON

Name	
Relationship	
Address	
Post Code	
Telephone No.	

## REFERRER'S DETAILS

Name	
Designation/ Role	
Organisation	
Address	
Post Code	
Telephone No.	
Email	

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PLEASE LIST ANYONE ELSE WHO PROVIDES YOU WITH HELP OR SUPPORT, EITHER FORMAL OR INFORMAL, INDIVIDUALS OR ORGANISATIONS

Name	
Relationship	

Name	
Relationship	

Name	
Relationship	

**CURRENT EMPLOYMENT OR VOLUNTARY WORK** (please tick all that apply)

<input type="checkbox"/>	Paid Employment (full-time)	<input type="checkbox"/>	Not paid employed
<input type="checkbox"/>	Paid Employment(part-time)	<input type="checkbox"/>	Unpaid voluntary work
<input type="checkbox"/>	Carer	<input type="checkbox"/>	Home maker

## INTERESTS AND SKILLS YOU WOULD LIKE TO DEVELOP

Please tell us below about any existing skills you have which you would like to develop or any interests you would like to pursue to develop new skills, either individually or as part of a group or team.

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## EQUALITY & DIVERSITY

*Please tick all that apply to yourself.*

### **Gender**

What is your gender?

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	I prefer to describe myself as: <input type="text"/>
<input type="checkbox"/>	I prefer not to say

### **Disability**

Do you consider yourself to be disabled?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	I prefer not to say

Which of the following categories best describes the nature of your health condition/disability?

<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Learning difficulty i.e. dyslexia
<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	Mobility impairment
<input type="checkbox"/>	Speech impairment	<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	Mental Health impairment	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>	

### **Ethnicity**

Please mark the box that most accurately describes your ethnicity.

Choose one option that most accurately describes your ethnic group or background

#### **White**

<input type="checkbox"/>	English / Welsh / Scottish / Northern Irish / British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Gypsy or Irish Traveller
<input type="checkbox"/>	Any other White background - <i>details:</i> <input type="text"/>

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## Mixed / Multiple Ethnic Groups

<input type="checkbox"/>	White and Black Caribbean	
<input type="checkbox"/>	White and Black African	
<input type="checkbox"/>	White and Asian	
<input type="checkbox"/>	Any other Mixed/Multiple ethnic background - <i>details:</i>	

## Asian / Asian British

<input type="checkbox"/>	Indian	
<input type="checkbox"/>	Pakistani	
<input type="checkbox"/>	Bangladeshi	
<input type="checkbox"/>	Chinese	
<input type="checkbox"/>	Any other Asian background - <i>details:</i>	

## Black African / Caribbean / Black British

<input type="checkbox"/>	African	
<input type="checkbox"/>	Caribbean	
<input type="checkbox"/>	Any other Black/African/Caribbean background - <i>details:</i>	

## Other Ethnic Group

<input type="checkbox"/>	Arab	
<input type="checkbox"/>	Any other ethnic group - <i>details:</i>	
<input type="checkbox"/>	I prefer not to say	

## Age

What was your age group at your last birthday?

<input type="checkbox"/>	18-24
<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-44
<input type="checkbox"/>	45-54
<input type="checkbox"/>	55-64
<input type="checkbox"/>	65-74
<input type="checkbox"/>	75-84
<input type="checkbox"/>	85 or over
<input type="checkbox"/>	I prefer not to say

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## **Sexual Orientation**

What is your sexual orientation?

<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Gay or lesbian
<input type="checkbox"/>	Heterosexual
<input type="checkbox"/>	I prefer not to say
<input type="checkbox"/>	Other, <i>please specify how you like to be known:</i>

## **Religion or Belief**

What is your religion or belief?

<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Christian
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Other - <i>details:</i>
<input type="checkbox"/>	No Religion
<input type="checkbox"/>	I prefer not to say

Now, please supply your signature and the date in the first part of Section 3, then deliver the form to the person who will be referring you to Norfolk Clubhouse – they will complete Section 2 and the second part of Section 3. Thank you.

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## **SECTION 2:** *To be completed by the person referring the Applicant*

Name of prospective Member .....

Length of time you have known them .....

Norfolk Clubhouse is a vocational community project. It provides positive opportunities for those with a primary diagnosis or lived experience of mental unwellness. Mutual respect and safety for all our Members and workers is paramount in providing a safe environment for all. With this in mind, please answer the following questions.

### **MENTAL HEALTH**

Do you consider the person applying for Membership has a diagnosis or lived experience of any of the following:

- Anxiety Disorders
- Bi-polar Disorder
- Self Harm
- Personality Disorder
- Eating Disorder
- Depression
- Schizophrenia
- Suicidal ideation
- Other (please specify) .....

### **SUBSTANCE MISUSE**

If the applicant has had any alcohol/substance misuse issues currently, or within the past 12 months, please supply details below:

.....  
.....  
.....

If the applicant is currently receiving any treatment/intervention for the above problem, please provide the relevant details below, including the service contact:

.....  
.....  
.....

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If the applicant has any other health issues we should be aware of to maintain their safety (e.g. epilepsy, hearing or visual impairment, mobility issues etc), please supply details below:

.....  
.....  
.....

## HEALTH AND SAFETY

Norfolk Clubhouse provides a safe and secure environment for all our Members and staff. Please tick if any of the following apply to the applicant:

- History of self-harm
- History of violence
- Criminal convictions

We wish to support potential Members who wish to move forward in their life, so having a history of the above does not preclude accepting anyone as a Member. However we are unable to support potential Members who are currently self harming or a risk to themselves or others.

With this in mind, from your knowledge of the person, is there any reason why Norfolk Clubhouse should not offer Membership to the person at this time? (*We are happy to receive applications in the future when the person is stable in relation to being able to play an active part in the running of the Clubhouse*).

.....  
.....

Signature of referrer

Designation/Role

.....

.....

Print Name .....

Date .....

Please tick box if you do not wish the information you have provided to be available to the applicant.

*Organisational stamp (if applicable)*



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## **SECTION 3:** *To be completed by the Applicant and the Referrer*

Please ensure that you have completed all the sections in the Application Form. Thank you for applying to Norfolk Clubhouse. **We aim to contact you within 2 weeks of the date of your application.**

Applicant Signature: .....

Date: .....

Referrer Source Signature: .....

Date: .....

When this form has been completed, it should be returned scanned as pdf to:

June Webb at [info@norfolk-clubhouse.org](mailto:info@norfolk-clubhouse.org)