Please complete **all** the fields below. Incomplete forms will be returned to the person submitting it. Where something isn’t applicable please put N/A.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your contact details** | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | Date of Birth | | | | |  | |
| Address |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Post Code | | | | |  | | | |
| Email |  | | | | | | | | | | | | | | | | | |
| Telephone |  | | | | | | Mobile | | |  | | | | | | | | |
| What is your preferred method of contact? | | | | | | | | | | | | | | | | | | |
| Phone |  | | Mobile | |  | | | Email | | |  | | | Letter | | | |  |
| Is it okay for us to leave a message? | | | | | | | | Yes | | |  | | | No | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| **Who should we contact in an emergency?** (GP/family/friend/CPN) | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Postcode | | |  | | |
| Telephone | |  | | | | Can we leave a message? | | | | | | | | | | Yes / No | | |
| Relationship | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| How did you hear about these activities? | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Which activities or courses are you interested in?** | | | | | | | | | | | | | | | | | | |
| Name of activities / courses | | | | How do you think these courses or groups will support your mental health and wellbeing? | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- |
| **About you** | | | | | | |
| Are you currently accessing mental health services? | | | | Yes | No | |
| Have you accessed mental health services in the last  **18 months?** | | | | Yes | No | |
| If you have answered yes to accessing services please tell us the name of the service that you feel has supported your mental health and well-being the most? | | | | | | |
|  | | | | | | |
| **Support and access needs** | | | | | | |
| Do you have any support needs we should be aware of?  For example: Help to access venues, physical, sensory impairments, anxiety, communication needs etc? | | | | Yes | | No |
| If you have answered yes please tell us how we can support you to access the activities and courses. | | | | | | |
|  | | | | | | |
| **Additional information** | | | | | | |
| Please tell us any other information that you feel we should know. This may include any additional needs or risks (for e.g. self-harm, difficulty being in groups, involvement with probation) **Providing this information does not exclude you from accessing the activities programme and is used to ensure we can support you appropriately.** | | | | | | |
|  | | | | | | |
| Signature |  | Date |  | | | |

**Please note:** Information you provide will be confidentially stored according to General Data Protection Regulations. Information on this form will be shared with partner organisations that are providing the activities and courses you are interested in attending. Information will be shared at the point you are allocated a place. Please sign this form to confirm your consent to store and share your information.

You can return this form via email to [activities@yorkmind.org.uk](mailto:activities@yorkmind.org.uk) or post to York Mind, Highcliffe House, Highcliffe Court, York, YO30 6BP. If you have any questions, please telephone the Activities Manager on 01904 643364.

The following information is collected to help us create equal opportunities for individual’s resident within our local communities. We use this information anonymously to identify if the diversity of the people accessing our services fully reflects the communities we serve. When it doesn’t this information helps us to make new links with services and organisations, support equality and diversity and promote equal access to our services.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | | | | | | | | | | |
| **White** | British | |  | | **Black** | | African |  | | **Asian** | | Indian | |  |
| Irish | |  | | Caribbean |  | | Pakistani | |  |
| Other | |  | | Other |  | | Bangladeshi | |  |
|  | | | |  | | | Other | |  |
|  | | | | | | | | | | | | | | |
| **Mixed** | White and black Caribbean | | | | | | |  | | White and black African | | | |  |
| White and Asian | | | | | | |  | | Other | | | |  |
|  | | | | | | | | | | | | | | |
| **Other** |  | | | | | | |  | | Prefer not to say | | | |  |
| Other: (please specify) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Gender** | | | | | | | | | | | | | | |
| Female | |  | | Non-binary | | | | |  | | Trans female | |  | |
| Male | |  | | Trans male | | | | |  | | Prefer not to say | |  | |
|  | | | | | | | | | | | | | | |
| **Sexuality** | | | | | | | | | | | | | | |
| Heterosexual | | | |  | | Lesbian | | |  | | Gay | |  | |
| Bisexual | | | |  | | Pansexual | | |  | | Other | |  | |
| Prefer not to say | | | |  | |  | | | | | | | | |
| Other: (please specify) | | | | | | | | | | | | | | |

Glossary of Terms

*Non-binary* refers to individuals who don’t see themselves as either male or female. Individuals identifying as non-binary may ask you to use gender neutral pronouns such as they/their rather than he/she. Please do not ask non-binary individuals the sex or gender assigned to them at birth as this is irrelevant.

*Trans* male/female refers to individuals who are transitioning to the gender they identify with.

*Pansexual* refers to individuals who are romantically, emotionally, sexually attracted to people regardless of their sex and gender identity.