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?** | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | |
| Telephone | |  | | | Can we leave a message? | | | | | | | | | | Yes / No | | | |
| Relationship | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **About you** | | | | | | | | | | | | | | | | | | |
| Are you currently accessing mental health services? | | | | | | | | | | | | | Yes | | | No | | |
| Have you ever accessed mental health services? | | | | | | | | | | | | | Yes | | | No | | |
| **What has prompted you to apply for the Staying OK Project?** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **What do you hope to get out of engaging with the Project?** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Unexpected, or ongoing stressful life events or circumstances can impact on our mental health and wellbeing.**  On a scale of 1 – 10 how well do you feel you cope with stressful circumstances or events?  0 1 2 3 4 5 6 7 8 9 10  I would not I would cope  cope well at all very well | | | | | | | | | | | | | | | | | | |
| **Medication** | | | | | | | | | | | | | | | | | | |
| Are you currently taking medication? | | | | | | | | | | | | | Yes | | | | No | |
| If Yes, please state: | | | | | | | | | | | | | | | | | | |
| **Support and access needs** | | | | | | | | | | | | | | | | | | |
| Do you have any support needs we should be aware of?  For example: Help to access venues, physical, sensory impairments, communication needs etc? | | | | | | | | | | | | | Yes | | | | No | |
| Is Yes, please state: | | | | | | | | | | | | | | | | | | |
| **Additional information** | | | | | | | | | | | | | | | | | | |
| Please tell us any other information that you feel we should know. This may include any additional needs or risks, e.g. drugs and alcohol use, Police involvement/restrictions.  **Providing this information does not necessarily exclude you from accessing the programme. It is used to ensure we can support you appropriately.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**Please note:** Information you provide will be confidentially stored in line with General Data Protection Regulations and according to York Mind Policies and Procedures. If you have any questions, please get in touch on **01904 643364 option 5,** or email us on[**activities@yorkmind.org.uk**](mailto:activities@yorkmind.org.uk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** |  |  |  |  |
| **Asian/Asian British** |  |  | **Black/African/Caribbean/Black British** |  |
| Bangladeshi |  |  | African |  |
| Chinese |  |  | Black British |  |
| Indian |  |  | Caribbean |  |
| Pakistani |  |  | Other: |  |
| Other: |  |  |  |  |
| **White** |  |  | **Mixed/Multiple Ethnic Groups** |  |
| British |  |  | White and Asian |  |
| Gypsy/Irish Traveller/Roma |  |  | White and Black African |  |
| Irish |  |  | White and Black Caribbean |  |
| Other: |  |  | Other: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disability/Difficulty** |  |  | **Education** |  |
| Physical Disability/Difficulty |  |  | In school |  |
| Mental Health Disability/Difficulty |  |  | In further education |  |
| Learning Disability/Difficulty |  |  | In higher education |  |
| Sensory Disability/Difficulty |  |  | Not in education/training |  |
| No Disability/Difficulty |  |  | In training |  |
| Other: |  |  | Other: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Work** |  |  | **Religion** |  |
| Employed full time |  |  | Buddhist |  |
| Employed part time |  |  | Christian |  |
| Self employed |  |  | Hindu |  |
| Unemployed |  |  | Jewish |  |
| Retired |  |  | Muslim |  |
| Apprenticeship |  |  | Sikh |  |
| Unable to work |  |  | No religion |  |
| Other: |  |  | Atheist |  |
|  | Other: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Describe your gender:** |  |  | **Describe your sexuality:** |  |

|  |  |
| --- | --- |
| **Access to Mental Health Services** |  |
| Currently accessing mental health services/support |  |
| Never attempted to access mental health services |  |
| Have not accessed mental health services in the past 18 months |  |
| Currently on waiting list for mental health services |  |
| Tried to access mental health services but unable to |  |
| Have been disengaged from mental health services within the last 18 months |  |
| Other |  |

|  |  |
| --- | --- |
| **Referral source** |  |
| York Mind Website |  |
| Word of mouth/recommendation |  |
| Social media or web search |  |
| GP |  |
| Statutory service |  |
| Non-statutory service |  |
| Partner organisation |  |
| Other |  |