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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: Full Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | Age: | | | | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | | | | Mobile: | | | | | | | | | | | | | |
| May We Leave a Message? | | | | | | | | Yes: | |  | | | | No: |  | |  | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self: |  | | M.H/Wellbeing service: | | | | | | |  | | | | G.P: |  | | Other: | | | | | |  | | | | |
| If “Other” please state (include contact number if possible): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | | | | Mobile: | | | | | | | | | | | | | |
| **GP Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GP Name: | |  | | | | | | | | | GP Number: | | | |  | | | | | | | | | | | | |
| Surgery Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Stated: | | | | |  | | Seeking Work: | | | | | | |  | | Not Seeking Work: | | | | | | | |  | | | |
| Employed | | | | |  | | Long-Term Sick | | | | | | |  | | Home Maker | | | | | | | |  | | | |
| Voluntary Work | | | | |  | | Student | | | | | | |  | | Retired | | | | | | | |  | | | |
| **Disability Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has Disability: | | | |  | | Long Term Condition: | | | | | | |  | | No perceived disability: | | | | | | | | | | |  | |
| **Ethnic Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asian or Asian British Indian | | | | | | | | |  | | | Mixed White and Black Caribbean | | | | | | | | | | | | | | |  |
| Asian or Asian British Pakistani | | | | | | | | |  | | | Mixed White and Black African | | | | | | | | | | | | | | |  |
| Asian or Asian British Bangladeshi | | | | | | | | |  | | | Mixed White and Asian | | | | | | | | | | | | | | |  |
| Any other Asian Background | | | | | | | | |  | | | Mixed Any other mixed background | | | | | | | | | | | | | | |  |
| Black or Black British Caribbean | | | | | | | | |  | | | White British | | | | | | | | | | | | | | |  |
| Black or Black British African | | | | | | | | |  | | | White Irish | | | | | | | | | | | | | | |  |
| Any other Black background | | | | | | | | |  | | | White Any other white background | | | | | | | | | | | | | | |  |
| Chinese | | | | | | | | |  | | | Any other ethnic group | | | | | | | | | | | | | | |  |
| Any other Chinese background | | | | | | | | |  | | | Would rather not say | | | | | | | | | | | | | | |  |
| **NHS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you used NHS services for mental health needs? | | | | | | | | | | | | | | | Yes: | | |  | | | | No: | | | |  | |
| If “Yes” please state: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Support Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently accessing any other support service? | | | | | | | | | | | | | | | Yes: | | |  | | | | No: | | | |  | |
| If “Yes” please state: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Accessibility** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you require any aids or adaptations to access Social Hub activities? | | | | | | | | | | | | | | | Yes: | | | |  | | No: | | | |  | | |
| If “Yes” please state: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What Would You Like To Do?** | | | | | | | | | | |
| **Coffee Club/Day Social Programme** | | | | | | |  | |  | |
| A weekly coffee morning, which aims to improve social confidence and skills in a safe and friendly atmosphere. Providing the opportunity to engage in other member-led social activities in the day. | | | | | | | | | | |
| **Evening/Weekend Social Programme** | | | | | | | |  | |  |
| A social prgramme of activities, for those who want to get out in the evenings and weekends. Helping to improve your social life by providing activities such as: meals out, cinema trips, country walks etc. | | | | | | | | | | |
| **Choose to Change** | |  | | |  | | | | | |
| A wellbeing group run by qualified volunteer ‘Recovery Practitioners’, who have lived experience of mental health difficulties. We offer a dash of psychoeducation, and a whole lot of friendly social support, to keep you going onwards and upwards in life. | | | | | | | | | | |
| **Create and Talk** |  | | |  | | | | | | |
| A weekly arts and crafts group to improve social confidence and encourage participation in creative activities. | | | | | | | | | | |
| **Volunteering** | | |  | | |  | | | | |
| To become a **Peer Supporter** you must complete the 6 Week Training Course - ‘Peer Support Level 1’ (2 hours per week).  After completing a probationary period as a peer supporter, and meeting certain criteria, you can then do our 12 week accredited Level 2 OCN course: ‘Supporting People in Recovery’ to become a **Volunteer Peer Facilitator** and become eligible for our upcoming level 3 course. | | | | | | | | | | |
| **Consent** | | | | | | | | | | |
| I give consent for Starfish Health & Wellbeing to give and obtain any relevant information relating to me to or from My GP and Emergency Contact. All information given will be held in strictest confidence unless we have good reason to believe that you are involved in any of the following: Terrorism /Committing a crime / Serious physical harm to others / Abuse of a child / Serious harm to yourself.  I give informed consent for my personal details to be saved on a patient database.  I give informed consent for my non-identifiable data to be used for future research.  I also agree to abide by the Social Hub Rulebook and understand that breaching any rule may result in my removal from the social network. This is at the discretion of the Social Hub Management Team. | | | | | | | | | | |
| **Signed:** | | | | | | | | | **Date:** | |
| **Please return to the following address, or hand in at any Social Hub group –**  Wolverhampton Social Hub, Office 5, Newhampton Arts Centre, Dunkley St,  Wolverhampton, WV1 4AN  **Wolverhampton Office**: 01902 771776 | | | | | | | | | | |
| **Thank you and welcome to the Social Hub!** | | | | | | | | | | |