

Membership Form

Admin Use only
IAPTUS/PT/ID Number:

Personal Details									
Title: Fu	ıll Name:								
Address:									
Date Of Birth:					Age:				
Telephone Number:					Mobile:				
May We Leave a Message? Yes					No:				
Email Address:									
Referral Route									
G.P: M.H/Wellbeing servic					Self:		Other:		
If other please state	•								
Emergency Contact Details									
Name:									
Telephone Number:					Mobile:				
GP Contact Details									
GP Name:									
Surgery Address:									
Telephone Number:									
Employment Status									
Not Stated: Seeking V				c: Not Seeking Work:					
Employed	Long-Term Sic				Home Maker				
Voluntary Work	Student				Retired				
Benefits Received									
Employment Suppo		Job Seekers Allowance							
Income Support		Incapacity Benefit							
Disability Living Allowance				Personal Independence Payment					
Council Tax Benefit				Housing Benefit					
Disability Status									
Has Disability				No perceived disability					
Long Term Condition		Not stated							
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					
Asian or Asian British Any other				Mixed Any other mixed background					
Asian Background				,					
Black or Black British Caribbean				White British					
Black or Black British African				Whit	White Irish				
Black or Black British Any other				Whit	White Any other white background				
Black background		, , , , , , , , , , , , , , , , , , , ,							
Chinese		Anv	other ethnic group						
Chinese Any other			uld rather not say.						
background			·		,				



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What Would You Like To Do?								
Self-Support Group								
Set up and run by people with lived experience of mental health difficulties (peer mentors). We provide mutual emotional, and social support for when you need it. These are small and friendly groups, to help you make that first step back 'out there'.								
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/Vacancies								
To become a peer mentor you must complete the 6 Week Training Course in 'Introduction to Principles and Practices of Peer Mentoring' (2 hours per week). Once completed, you can then apply to become an Administrator , Activity Co-ordinator , or Recovery Practitioner . You will need to complete a probationary period as a peer mentor, and meet the criteria to do the 12 week accredited Level 2 OCN course: 'Supporting People in Recovery', to become a Recovery Practitioner.								
Consent								
I give consent for Starfish Services Ltd 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 this form to your nearest branch.

Stafford: 11a Princes Street, Stafford, ST16 2BN

Cannock: 26-28 Wolverhampton Road, Cannock, WS11 1AH

Wolves: Office 5, Newhampton Arts Centre, Dunkley St, Wolverhampton, WV1 4AN

Thank you and welcome to the Social Hub