|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: Full Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender Identity and Preferred Pronouns (e.g. He/She/They): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your current gender the same as your birth gender? Yes/No *(delete as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | Postcode: | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | Age: | | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | | | | | | Mobile: | | | | | | | | | | | |
| May we leave a message? Yes/No *(delete as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self: |  | M.H./Wellbeing service: | | | | | | | | | | |  | | | Doctor/G.P.: | | | | | |  | | Other: | |  | |
| If “Other” please state (include contact if possible):  If “Self” please state how you heard about Starfish (e.g. social media/word of mouth etc): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason(s) for referral:  Please advise of any known risks associated with this person: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Doctor / GP Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GP Name: | | | | | | | | | | | | | | | | GP Number: | | | | | | | | | | | |
| Surgery Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | | | | | | Mobile: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employed | | | | | | |  | Seeking work | | | | | | | | | |  | Not seeking work | | | | | | |  | |
| Retired | | | | | | |  | Long-term sick | | | | | | | | | |  | Home maker | | | | | | |  | |
| Voluntary work | | | | | | |  | Student | | | | | | | | | |  | Prefer not to say | | | | | | |  | |
| **Disability Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have a disability: | | | | | | |  | Long term condition: | | | | | | | | | |  | No perceived disability: | | | | | | |  | |
| Details of disability/condition: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NHS Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you/do you engage with other health, social care or support services? Yes/No *(delete as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If “Yes” please can you provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medication** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently taking any medication? Yes/No (delete as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If “Yes” please can you provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Accessibility** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you require any aids or adaptations to access Hub activities? Yes/No *(delete as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If “Yes” please can you provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benefits** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently receiving any benefits? Yes/No *(delete as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If “Yes” please can you provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | |  | | | | | Any other mixed background | | | | | | | | | |  | |
| Black or Black British Caribbean | | | | | | | | | | |  | | | | | White British | | | | | | | | | |  | |
| Black or Black British African | | | | | | | | | | |  | | | | | White Irish | | | | | | | | | |  | |
| Any other black background | | | | | | | | | | |  | | | | | Any other white background | | | | | | | | | |  | |
| Chinese | | | | | | | | | | |  | | | | | Any other ethnic group | | | | | | | | | |  | |
| Any other Chinese background | | | | | | | | | | |  | | | | | Prefer not to say | | | | | | | | | |  | |
| Preferred language: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Religion** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Church of England | | | | | | |  | | | Christian | | | | | | | |  | | Muslim | | | | | |  | |
| Roman Catholic | | | | | | |  | | | Sikh | | | | | | | |  | | Buddhist | | | | | |  | |
| Jewish | | | | | | |  | | | Hindu | | | | | | | |  | | No Religion | | | | | |  | |
| Other Religion | | | | | | |  | | | Prefer not to say | | | | | | | |  | |  | | | | | | | |
| **Relationship Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single | | | | | | |  | | | Widowed | | | | | | | |  | | Prefer not to say | | | | | |  | |
| Married | | | | | | |  | | | Cohabiting | | | | | | | |  | | Other | | | | | |  | |
| Divorced | | | | | | |  | | | Civil partnership | | | | | | | |  | | Details: | | | | | |  | |
| **Living Arrangements** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Living with parents | | | | | | | | | | |  | | | | Living independently | | | | | | | | | | |  | |
| Supported living arrangement | | | | | | | | | | |  | | | | Living with dependents | | | | | | | | | | |  | |
| **Number of Dependents** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of dependents you have: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sexuality** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | | | | |  | | | Bisexual | | | | | | | |  | | Other | | | | | |  | |
| Gay / Lesbian | | | | | | |  | | | Prefer not to say | | | | | | | |  | | Details: | | | | | |  | |
| **Criminal Convictions** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any criminal convictions or restrictions? Yes/No *(delete as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If “Yes” please state: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IT Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have access to the following? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smartphone | | | | | | | | | | |  | | | | | PC/Desktop | | | | | | | | | |  | |
| Tablet | | | | | | | | | | |  | | | | | Internet Data Package for phone | | | | | | | | | |  | |
| Laptop | | | | | | | | | | |  | | | | | Wifi/Broadband | | | | | | | | | |  | |
| **Contact Preferences** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick how you would prefer to be contacted: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By telephone: | | | | | |  | | | By text: | | | | | |  | | By email: | | | | | | | |  | | |
| How did you hear about us? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Media | | |  | | GP | | | | | | |  | | Word of Mouth | | | | | | |  | | Bromford Housing | | | |  |
| Friend attends | | |  | | Online | | | | | | |  | | Social Prescribers | | | | | | |  | | Other | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Five Steps to Wellbeing** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evidence suggests there are five steps we can all take to improve our mental wellbeing. If you give them a try, you may feel happier, more positive and able to get the most from life. Here at the Social Hub, we offer a range of activities and support to help to you take those five steps – tick the boxes below to indicate the steps you need to take and activities you’re interested in. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Connect** | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| Connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships. Join any of our wide range of groups from weekly ‘drop ins’ for a coffee and a chat, to our ‘hands on’ groups where you can chat *and* be creative. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Be Active** | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| You don’t have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life. Join our walking group for a new way to connect while you enjoy the great outdoors or learn to ‘grow your own’ in our gardening group. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Keep Learning** | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| Learning new skills can give you a sense of achievement and a new confidence. So why not sign up and start learning to play a musical instrument, or figure out how to fix your bike? Join our cooking group and taste the fruits of your labour, or get creative in our art and craft groups. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Give to Others** | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| Even the smallest act can count, whether it’s a smile, a thank you or a kind word. Larger acts, such as volunteering in your community, can improve your mental wellbeing and help build new social networks. We have a programme of training to support you in becoming a volunteer. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Be Mindful** | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| Be more aware of the present moment, including your thoughts and feelings, your body and the world around you, also known as ‘mindfulness’. It can positively change the way you feel about life and how you approach challenges. Join our relaxing meditation group to learn how.   |  |  | | --- | --- | | **Consent** | | | **Gaining and Sharing Information**  Starfish Services Limited gain and share relevant information to assist them in the management of members and any associated risk that they may pose. Where possible Starfish Services Ltd will respect the wishes of those who do not consent to share confidential information, however, lack of consent will be overridden in the public interest, the safety of others and staff. All information given to the organisation 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.  **Personal Details / Data Storage**   * I understand and give informed consent for Starfish Services Ltd to save my personal details to a password protected member database. I am aware I can request to look at or remove this information from their system at any point. * I understand Starfish Services Limited policy on gaining and sharing relevant information, stated above. * I understand that Starfish Services Ltd will share my unidentifiable information with the National Lottery and I give informed consent for this data to be used for future research. * 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. * 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 complete and return this form to the following address:**

**Wolverhampton Social Hub, Office 5 Newhampton Arts Centre, Dunkley Street, Wolverhampton, WV1 4AN Or email to:** [**info.starfish@nhs.net**](mailto:info.starfish@nhs.net)

**For any help completing the form please call 01902 771776**