



## Inspire Application Form

Please select

<b>Support</b>		<b>Volunteering</b>	
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<b>Does this person agree to this referral?</b>	<b>Yes</b>	<b>No</b>
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Where did you hear about us? \_\_\_\_\_

Forename:	
Surname:	
Address:	
Postcode:	
D.O.B:	Age:
Telephone:	
Mobile:	
Email:	

**Name of parent/guardian/carer** (To be contacted only if required by law if there is a safeguarding issue)

Name and relationship	Contact Number	Address

**Do you agree to this person being contacted in an emergency? Yes / No**

If no, and you are under 18 years old, there are certain circumstances where the law overrides your approval in order to protect your safety and provide appropriate support. This will be discussed in your first appointment.

Contact Preferences:

Are we able to send letters to this address? Yes  No

Are we able to send emails to this email address? Yes  No

Are we able to leave a message with someone if landline contact provided?

Yes  No  If applicable, please enter name(s) of person(s) we can leave a message with \_\_\_\_\_

Are we able to leave a voicemail? Landline: Yes  No   
Mobile: Yes  No

Are we able to text you? Yes  No

Referrers details: If this is a self referral please state 'Self'

Name: .....

Service and Position/Parent: .....

Tel: .....

GP details:

Dr: .....

Practice: .....

Tel: .....

School/College/Work

Name: .....

Address: .....

Tel: .....

Other Agencies: (please provide name(s), organisation(s) and contact(s) details)

If you are currently being seen by CAMHS we are unable to accept your referral until you are discharged.

**Disability Discrimination Act 2005:**

A person has a disability under the Disability Discrimination Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/ her ability to carry out normal day to day activities. Long term means lasted, or is expected to last, for 12 months.

Do you consider yourself to be a disabled person?  Yes  No  
 I do not wish to disclose whether or not I have a disability

If answering yes please give details of your disability below:

Any other medical issues:

Current Prescribed Medication? Yes  No

If applicable please provide details:

Have you any previous experience of:

Counselling: Y / N

CAMHS: Y / N

Presenting Issues:

Please complete if you are applying for support.

If you are applying to be a volunteer you can leave blank.

- Anxiety
- Anger
- Behaviour
- Bereavement / Loss
- Bullying
- Depression
- Domestic Abuse
- Eating Issues
- Emotional Abuse
- Family Illness
- Family Separation/ Divorce
- Health (Physical)
- Panic
- Physical Abuse
- Relationship Difficulties
- Self Harm
- Self Worth/ Self Esteem
- Sexual Abuse/ Assault
- Sexual Identity Issues
- Sleeping Difficulties
- Stress

	<input type="checkbox"/> Suicidal thoughts/ behaviours (self) <input type="checkbox"/> Suicidal thoughts/ behaviours (others) <input type="checkbox"/> Substance Abuse/ Addictions <input type="checkbox"/> Trauma <input type="checkbox"/> Other .....
Risk and Support Factors:	Please detail any identified areas the client requires support around risk to self or others:
Best location for you:	<input type="checkbox"/> Crewe  <input type="checkbox"/> Winsford

**Data Protection and Consent:**

I consent to my personal data to be written down, stored, added to a database or spreadsheet, adapted or used to make a decision by the Motherwell Cheshire CIO, and by any other organisation needed to fulfil the task of providing support to me through this process.

I understand that my data will be kept for up to 6 years in paper or electronic format and after that time, or before that time if it's not needed anymore, it will be destroyed.

This document is intended to provide information about the way in which we will work with you, the sort of information we will keep about you that we need to pass on and what to do if you want to make a complaint about our service.

The information that Motherwell Cheshire CIO record while they are working with you will be kept on a paper file and a computer file. The information will be kept safely and confidentially within our service. Sometimes we use anonymous statistics taken from the records we have, to help us plan our service. No one would be able to identify any person we work with by looking at these statistics.

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information, please contact one of the Chief Executive Kate Blakemore

kate@motherwellcheshirecio.com

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information that you think is inaccurate.

During the sessions with you, the worker will share any concerns that they have about your safety, including the safety of others and the risks that you face. The worker will tell you if another agency or person needs to be involved in helping to protect you or others. If either you or another person is in immediate danger we will pass on information to ensure yours or

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another's safety, even if you don't give your permission for us to do that. Agencies we may disclose personal information to include Health Professionals, The Police, Probation Service or the Local Authority.

Please sign to show that you have understood the information in this document and that you consent to our service keeping records of our work with you.

Signed:	Print Name:	Dated:
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From time to time, Motherwell Cheshire CIO may take photographs of activities or workshops taking place. Please sign below to show consent to have your photograph taken and used for marketing and other promotional activities. You will also be asked to give verbal consent at the time.

Signed:	Print Name:	Dated:
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Suggested service \_\_\_\_\_