

SELF REFERRAL

ACTIVITY REFERRAL FORM		
Activities interested in (please tick):	□Art Group □Creative Hub □ Digital Art	
	□Woodland Group □My Generation □Gardening	
	Clwb Crefft	
Date:	/ /	

Name:					Date of birth:	/ /
Address:						
Telephone number:			Emai	l Address:		
Why would you like to attend our groups?	E.g. To	socialise, to get myselj	f out c	f the house, t	to add structure to	my week etc.
If you'd like to be added to	o our ma	illing list to receive upo	dates d	about upcom	ing activities pleas	e tick 🗌
Emergency contact:			-	Relation to you: Telephone Number:		
Do you have any medical conditions or medication we need to be aware of?		Please give details:		Number.		
Do you have any accessib conditions that we need t aware of?	-	Please give details:				
Are you supported by any agencies?	y other	Please give details:				
What is your preferred language?		English Cymrae	≥g			

RISK	ASSE	SSM	ENT
	/ 100L	00.01	

Please provide details if any of the following risks are applicable NB: This risk assessment is purely to keep you and others safe – answering 'yes' to any of the following questions will not necessarily exclude you from our services.

Do you have any history of or current risk of self-neglect, self-harm or suicide?

Do you feel you can be aggressive or violent? Do you have any convictions? Please give details:

Have you experienced any alcohol and/or substance (illegal or prescribed) misuse?

Do you feel you are at risk from health issues? (including mental health problems, physical disability or learning disability) Please give details:

Do you feel that you are vulnerable to exploitation from others?

Have you experienced or are you currently experiencing any domestic abuse?

Do you feel that your behaviour could present a risk to yourself or other people? Please give details:

Is there anything else that you think we should be aware of?

EQUAL OPPORTUNITIES MONITORING				
We are committed to equal opportunities in the services we provide and in order to find out how well we are doing with this we need to collect monitoring data. This is voluntary but the information is very useful to us to ensure our services are inclusive and to ensure we provide support to individuals from diverse				
backgrounds. The information you provide on				
· ·	· · · · · ·			
Your age				
□ 16 - 24 □ 25 - 34 □ 35 - 44 □	□ 45 - 54 □ 55 - 64 □ 65+			
Prefer not to say				
Your ethnic origin				
These categories are based on the Census 201 Equality.	1 categories and recommended by the Commission for Racial			
Asian, Asian British, Asian English,	White			
Asian Scottish, or Asian Welsh	🗆 British			
🗆 Asian / Asian British	□ English			
🗆 Bangladeshi	Gypsy or Irish Traveller			
Chinese	🗆 Irish			
🗆 Indian	Scottish			
🗆 Pakistani	\Box Welsh			
\square Other Asian background (specify if	Other White background (specify if			
you wish):	you wish):			
Black, Black British, Black English,	Mixed			
Black Scottish, or Black Welsh	\Box White and Asian			
🗆 African	White and Black African			
🗆 Caribbean	\Box White and Black Caribbean			
\Box Other Black background (specify if	\Box White and Chinese			
you wish):	Other mixed background (specify if			
	you wish):			
Other ethnic group	Prefer not to say 🗌			
🗆 Arab				
□Other ethnic group (specify if you				
wish):				
Your gender				
Male Female	Prefer not to say			
Have you ever identified as transgender?				
□Yes □No	Prefer not to say			

Bisexual Gay man Gay woman/lesbian Heterosexual/straight Other (specify if you wish): Prefer not to say Marriage and civil partnership Single Married/in a registered same-sex civil partnership Separated, but still legally married/in a registered same-sex civil partnership Divorced/formerly in a same-sex civil partnership which is now legally dissolved Widowed/Surviving partner from a same-sex civil partnership Prefer not to say Your religion or belief Ohrer ligion or belief Budhist Budhist Gay introduction Hindu Prefer not to say Disorced/formerly in a same-sex civil partnership Wuidowed/Surviving partner from a same-sex civil partnership On religion or belief On religion or belief Budhist Gatholic, Protestant and all other Christian Gatholic, Protestant and all other Christian Hindu Prefer not to say Disobility The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Do you consider yourself to be disabled? No Prefer not to say Data Sharing Authorisation I understand that the information on this form will be kept confidential by Mind Aberystwyth in a saccordance with data protection. However, if Mind Aberystwyth, believe that there is significant risk of harm to myself or another person, they may need to divulge or seek further information from other agencies. Signed (Referrer): Signed (Referr	Your sexual orientation			
Marriage and civil partnership Single Married/in a registered same-sex civil partnership Separated, but still legally married/in a registered same-sex civil partnership Divorced/formerly in a same-sex civil partnership which is now legally dissolved Widowed/Surviving partner from a same-sex civil partnership Prefer not to say Your religion or belief Buddhist Jewish Buddhist Muslim christian (including Church of England, Christian (including Church of England, Sikh Catholic, Protestant and all other Christian denominations) Other (specify if you wish): Hindu Prefer not to say Disability The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Do you consider yourself to be disabled? No Yes. Please specify: No Data Sharing Authorisation In this form will be kept confidential by Mind Aberystwyth in accordance with data protection. However, if Mind Aberystwyth, believe that there is significant risk of harm to myself or another person, they may need to divulge or seek further information from other agencies.	□ Bisexual □ Gay man □ Gay woman/lesbian □ Heterosexual/straight			
Image:	Other (specify if you wish):	Prefer not to say		
Separated, but still legally married/in a registered same-sex civil partnership Divorced/formerly in a same-sex civil partnership which is now legally dissolved Widowed/Surviving partner from a same-sex civil partnership Prefer not to say Your religion or belief No religion Buddhist Muslim Christian (including Church of England, Chirstian (Including Church of England, Including Church of England, Chirstian (Including Church of England, Including Church of E	Marriage and civil partnership			
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Signed (Referrer): Signed (Service User):	accordance with data protection. However, if Mind Aberystwyth, believe that there is significant risk of harm to myself or another person, they may need to divulge or seek further information from other			
	Signed (Referrer):	Signed (Service User):		

Participant Contacted - / /