

Creative Options membership form

All personal data will be held in STRICT CONFIDENCE and is subject to the Data Protection Policy of Creative Options. This form is also subject to the GDPR regulations. We require everyone to allow us to hold certain details about them on file in order to participate in the project. If you don't attend within 6 months we will archive your data. If you don't attend for 12 months we will shred your membership details.

PLEASE WRITE IN BLOCK CAPITALS

Please complete all pages in full

If any questions do not apply to you please make us aware that you have read them and that they do not apply by putting N / A

If you run out of space when answering a question please continue on another piece of paper and please make clear what question you are answering.

Name:

Date of Birth:

Address:

Email address:

Telephone number/s:

What is the best way for Creative Options to get in touch with you if they need to?

If Creative Options needs to send you written information would you like this sent in an email or to your home address (or both)?

If/when you are a member and we have not seen you at our groups, would you like us to email, text, write or call you?

Yes [] No []

If yes how should we contact you -

If yes would you want us to contact you after:

4 weeks Other time period –

EMERGENCY CONTACT

Name:

Their relationship to you:

Telephone No:

Mobile No:

As Creative Options is aimed at people with mental health issues it would be helpful if you could provide details of a mental health service contact if you have one (such as a support worker or CPN, if none you could put your GP)

- Their Name:
- Their Job title:
- Their Work Address:

Tel:

Email:

How did you hear about Creative Options?

Creative Options is a resource people with mental health issues can use to help maintain and/or improve their wellness. Why would you like to join Creative Options? (e.g. to socialise more, to challenge myself, to get out of the flat etc)

Are there any aspects of your health (physical or mental) that you would like Creative Options to be aware of, or anything you would like support with while you attend the group/s? (This could be disabilities, things you find difficult, things that cause anxiety, things that trigger any symptoms, any allergies you may have etc)

From your point of view do you have any risk issues (in relation to yourself or others)? If so please use the space below to explain what they are

Please note: giving us this information will NOT exclude you from becoming a member but will enable us to have a fuller picture of your needs and the needs of the group

If you leave this area blank and then declare or display any risks at a later date you may be asked to leave the group, because our group is based on trust and everyone in the group needs to feel safe within it

If you have any risk issues identified here, do you have a support worker?
Yes No

Are they able to attend with you?
Yes No

I have read the Creative Options rule book and am happy to abide by it Yes
No

Signature required from an appropriate adult for under 18 yrs of age

I am happy forto be a participant in Creative Options Youth project (for those under 18 years)

The rules and suggestions in the guidelines book are there for the wellbeing of all members attending a Creative Options group

Should the need arise members may be reminded of the ground rules verbally

If a situation arises where a member continues in a manner that goes against the rules they will then receive a written reminder.

Should any member then continue to participate in such a way, they may be asked to leave the session or the group completely if necessary.

Should the need arise where a member is putting other members wellbeing at risk they may be asked to leave the session without prior warning if deemed necessary. Anyone persistently acting in such a way could be asked to leave permanently.

Signed:

Date: