



**Please complete all sections:**

**\*Mandatory fields.***Please fill in all questions with an \**

**Contact details:**

**\*Title: \_\_\_\_\_\_**

**\*First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Surname/family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

During the process of accessing Wellbeing services, we will need to contact you by telephone.

**\*If we are unable to get through, are you happy for us to:**  
***We will need to contact you to complete the screening and arrange assessments to complete this application.***

|  |  |  |  |
| --- | --- | --- | --- |
| Leave a voicemail | Yes 🞏 | No 🞏 |  |
| Send an email | Yes 🞏 | No 🞏 |  |

**\*Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \***Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any accessibility requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Please note that access to the Hub there is a small flight of stairs**

Is an interpreter required: Yes / No If yes, please indicate for which language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Name of your GP practice? (Compulsory) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*An emergency Contact Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU PLANNING ON ENROLLING ON A COURSE/S (max of 2)**

**If yes, which one/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*In order to provide you with best possible support, we may need to share information.**

While you are accessing the Wellbeing Network we will share information you provide internally and with City & Hackney Mind to ensure you are getting the most appropriate support. It is not possible to join the network without consenting to this. Please tick the box to indicate your consent to this Yes 🞏 No 🞏  
***If you ticked no, we will not be able to proceed with your application at this time.***

**Demographic information:**

**Gender**

|  |  |
| --- | --- |
| 🞏 Male | 🞏 Prefer to self-describe |
| 🞏 Female | Self described gender:………………………………….. |
| 🞏 Prefer not to say | Do you identify as trans? Yes 🞏 No 🞏 |

**What is your ethnic category? What is your sexual orientation?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | White or white British | 🞏 | Bisexual |
| 🞏 | Asian or Asian British | 🞏 | Gay woman/lesbian |
| 🞏 | Black or Black British | 🞏 | Gay man |
| 🞏 | Mixed background | 🞏 | Heterosexual |
| 🞏 | Other ethnic group | 🞏 | Other |
|  |  | 🞏 | Prefer not to say |

**What is your religion?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Atheist/no religion | 🞏 | Muslim |
| 🞏 | Buddhist | 🞏 | Secular beliefs |
| 🞏 | Chanedi | 🞏 | Sikh |
| 🞏 | Christian | 🞏 | Other |
| 🞏 | Hindu | 🞏 | Prefer not to say |
| 🞏 | Jewish |  |  |

**What is your current employment / unemployment status?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Employed full time (16+ hours) |  | **If Unemployed, what is your status?** |
| 🞏 | Employed part time | 🞏 | Looking for and available to start work |
| 🞏 | Self-employed full time(16+ hours) | 🞏 | Long term sick or disabled |
| 🞏 | Self-employed p/time | 🞏 | Retired |
| 🞏 | In education/training | 🞏 | Parent |
| 🞏 | Prefer not to say | 🞏 | Carer |
|  |  | 🞏 | Prefer not to say |

**What is your current Benefits status?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 | Claiming Benefits (inc. Tax credits or Council Tax Credit) | 🞏 Not Claiming Benefits | 🞏 | Prefer not to say |

**What is your current accommodation status?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 | Owner occupier | 🞏 Renting from housing association | 🞏 | Secure psychiatric unit |  |
| 🞏 | Renting from private landlord | 🞏 Supported accommodation |  |  |  |
| 🞏 | Renting from local authority | 🞏 NHS acute psychiatric ward | 🞏 | Homeless |  |
| 🞏 | living with family | | 🞏 Placed in temporary accommodation by Council | | | |  |
| 🞏 | Other | 🞏 Prefer not to say |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you consider yourself to have a disability? | Yes 🞏 | No 🞏 | Prefer not to say 🞏 |

***If yes, please provide details:***

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have any dependent children? | Yes 🞏 | No 🞏 | Prefer not to say 🞏 |
| Do you have any children under two? | Yes 🞏 | No 🞏 | Prefer not to say 🞏 |
| Are you currently pregnant? | Yes 🞏 | No 🞏 | Prefer not to say 🞏 |
| Do you currently smoke? | Yes 🞏 | No 🞏 | Prefer not to say 🞏 |
| Are you a carer? | Yes 🞏 | No 🞏 | Prefer not to say 🞏 |
| Do you have any allergies? | Yes 🞏 | No 🞏 | Prefer not to say 🞏 |

**\*Information about your support requirements**

What current issues are you having that you need help with? Please provide a brief description: (Compulsory)  
***For example do you have depression / anxiety / or are you socially isolated etc. Providing us information will help with us with regard to the support we may be able to offer on the network. Also, please indicate courses you feel you may benefit from joining***

|  |
| --- |
|  |

Are you currently receiving any support from the following?

🞏 A Charity   
🞏 NHS service   
🞏 Council service   
🞏 School / College / University   
🞏 Privately paid service

**We can offer support or refer you to organisations that may provide you support in the following areas   
  
Please choose as many options as you need  
Support around mental health and wellbeing**

🞏 Support from others who have experienced mental health problems  
🞏 Support to cope with grief or loss   
🞏 Support to improve confidence   
🞏 Support to understand / manage anger or aggression  
🞏 Support to understand / manage anxiety  
🞏 Support to understand / manage depression  
🞏 Support to understand / manage difficult thoughts  
🞏 Support to understand / manage low mood  
🞏 Support to understand / manage stress  
  
**Support around a physically healthy lifestyle**

🞏 Help managing the effects of long term illness🞏 Information/ activities on healthy eating/ nutrition🞏 Information/ activities to be more active/ improve fitness🞏 Information/ activities to help with sleeping problems🞏 Information on quitting smoking   
 **Support around social networks and relationships**

🞏 Information about community activities  
🞏 Support to meet new people  
🞏 Understanding my relationships  
  
**Support around managing routine and everyday life**

🞏 Information around managing money  
🞏 Making and sustaining changes  
🞏 Tools to build a routine

**Support around employment**

🞏 Help gaining qualifications  
🞏 Help getting a job  
🞏 Managing workplace difficulties and stress  
🞏 Support to become a volunteer

**Support with learning and education**🞏 Computers/ IT 🞏 English/ Literacy 🞏 ESOL (English as second language) 🞏 Maths

**Filling out the following questionnaires will help us to determine the right kind of support for you on the network.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over the past week, how often have you bothered by any of the following problems?** | **0** – Not at all | **1** – Several days | **2** – More than half the days | **3** – Nearly every day |
| Little interest or pleasure in doing things | 🞏 | 🞏 | 🞏 | 🞏 |
| Feeling down, depressed, or hopeless | 🞏 | 🞏 | 🞏 | 🞏 |
| Trouble falling or staying asleep, or sleeping too much | 🞏 | 🞏 | 🞏 | 🞏 |
| Feeling tired or having little energy | 🞏 | 🞏 | 🞏 | 🞏 |
| Poor appetite or overeating | 🞏 | 🞏 | 🞏 | 🞏 |
| Feeling bad about yourself – or that you are a failure or have let yourself or your family down | 🞏 | 🞏 | 🞏 | 🞏 |
| Trouble concentrating on things, such as reading or watching television | 🞏 | 🞏 | 🞏 | 🞏 |
| Moving or speaking so slowly that other people could have noticed, or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | 🞏 | 🞏 | 🞏 | 🞏 |
| Thoughts that you would be better or dead or hurting yourself in some way | 🞏 | 🞏 | 🞏 | 🞏 |
| Feeling nervous, anxious or on edge | 🞏 | 🞏 | 🞏 | 🞏 |
| Not being able to stop or control worrying | 🞏 | 🞏 | 🞏 | 🞏 |
| Worrying too much about different things | 🞏 | 🞏 | 🞏 | 🞏 |
| Trouble relaxing | 🞏 | 🞏 | 🞏 | 🞏 |
| Being so restless that it is hard to sit still | 🞏 | 🞏 | 🞏 | 🞏 |
| Becoming easily annoyed or irritable | 🞏 | 🞏 | 🞏 | 🞏 |
| Feeling afraid as if something awful might happen | 🞏 | 🞏 | 🞏 | 🞏 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Peoples problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale how much your problem impairs your ability to carry out the activity (‘0’ means not at all impaired and ‘8’ means very severely impaired)** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Because of my problem, my ability to work is impaired | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Because of my problem, my home management (cleaning, tidying, shopping, cooking, paying bills, looking after home or children) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Because of my problem, my social leisure activities with other people (e.g parties, outings, dating, entertaining etc) are impaired | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Because of my problem, my private leisure activities done alone, such as reading, gardening, sewing, or walking alone are impaired | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Because of my problem, my ability to form and maintain close relationships with others, including those I live with, is impaired | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**In order to complete to the application, you may need to have a short telephone call with our Wellbeing coordinator for a risk assessment screening. This should take no more that 5-10 minutes.**

**Thank you !**