**Groups & Learning Courses Enrolment Form**

Fields marked with an \* are required.

**Your details**

Title\*       Forename\*

Surname\*

Home phone\*       Mobile\*

Email

Date of Birth\*

Address\*

Town\*       Postcode\*

**Contact method**

**Can we contact you by: (tick all that apply) \***

Home phone [ ]

Email [ ]

Mobile phone [ ]

Text [ ]

**Is it OK for us to leave a message on your mobile? \*** Yes [ ]  No [ ]

**Is it OK for us to leave a message on your home phone? \*** Yes [ ]  No [ ]

**I am a Hertfordshire resident. Please select your nearest Wellbeing Centre\***

Dacorum [ ]  Watford [ ]  Borehamwood [ ]  Letchworth [ ]

Waltham Cross [ ]  Ware [ ]  Bishops Stortford [ ]

**Emergency Contact Information**

Please confirm that you have the consent of the person for Herts Mind Network to contact in an emergency by ticking the checkbox below

My emergency contact has given their consent \* [ ]

Name       Contact number

Relationship to you

**GP details (if known)**

GP name       Surgery

**Details of referrer (if completing the form on behalf of someone else)**

Name of referrer       Organisation

Email       Tel number

**Further information**

**Please provide some information about your current situation and why you would like to access one of our groups and/ or learning sets.**

**Outcomes and goals you would like to achieve:**

**How did you hear about us?**

GP [ ] Wellbeing Service/ IAPT [ ] Mental Health Team [ ] Adult Care Services [ ] CAMHS [ ] Promotional event [ ] Probation [ ] Previously used HMN [ ] Friend or family [ ]

Our website [ ] Social media [ ] Other

**Data Protection and Confidentiality**

Hertfordshire Mind Network adheres to the Data Protection Act 2018’s principles of good information handling and the EU General Data Protection Regulation 2018.

Please indicate below if you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing. We will use your information appropriately and in line with our Privacy Policy which you can see here: [Privacy Policy](https://www.hertsmindnetwork.org/privacy-policy-new)

Your details will not be shared with anyone else without your consent. If you have any concerns or questions about how your personal data is collected and used, please ring us on 02037 273600 or email us at info@hertfordshiremind.org. Please note that without your consent, you will not be able to submit this form and access Hertfordshire Mind Network’s services.

Where information is given in confidence that Hertfordshire Mind Network believes poses a risk to the client, a risk to other people, a risk to the safety and welfare of a child, or is against the law, we reserve the right to disclose that information to a relevant third party.

**Do you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing? \***

Yes [ ]

No [ ]

**Equal Opportunities Form**

Top of Form

We aim to provide equal opportunities and fair treatment for everyone. We would like you to complete this form in order to help us understand who we are reaching and to better serve the community. All details will be treated as confidential and are held in accordance with the Data Protection Act 2018 and the EU General Data Protection Regulation 2018. **Please complete all sections**

**Age Group**

18 or under [ ]  18-24 [ ]  25-34 [ ]  35-44 [ ]  45-54 [ ]  55-64 [ ]

65-74 [ ]  75-84 [ ]  85-89 [ ]  90+ [ ]  Prefer not to say [ ]

**Gender**

Male [ ]  Female [ ]  The gender above is not the one given to me at birth [ ]

Non-binary [ ]  Prefer not to say [ ]  Other gender description (please specify)

**Religion/ faith**

No religion/ faith [ ]  Christian (any denomination) [ ]  Buddhist [ ]  Hindu [ ]

Sikh [ ]  Muslim [ ]  Jewish [ ]  Islam [ ]  Other [ ]  Prefer not to say [ ]

**Sexual orientation**

Bisexual [ ]  Gay man [ ]  Lesbian/ Gay woman [ ]  Heterosexual [ ]  Questioning [ ]

Prefer not to say [ ]  Other sexual orientation description (please specify)

**Disability**

Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted or expecting to last for at least 12 months?

None [ ]  Physical impairment (such as mobility) [ ]  Behavioural/emotional [ ]

Sensory impairment (such as sight or hearing) [ ]  Long-term illness or condition [ ]

Learning [ ]  Mental health condition [ ]  Prefer not to say [ ]

Other disability description (please specify)

**Ethnicity**

White English / Welsh / Scottish / Northern Irish / British [ ]

White Irish [ ]

White Gypsy or Irish Traveller [ ]

Any other white background (please specify below [ ]

Mixed White and Black Caribbean [ ]

Mixed White and Black African [ ]

Mixed White and Asian [ ]

Any other mixed background (specify below) [ ]

Black or British African [ ]

Black or British Caribbean [ ]

Any other black background (specify below) [ ]

Asian or British Indian [ ]

Asian or British Pakistani [ ]

Asian or British Bangladeshi [ ]

Asian or British Chinese [ ]

Any other Asian Background (specify below) [ ]

Prefer not to say [ ]

Other ethnicity description (please specify)

**Employment status**

Employed (full-time) [ ]  Employed (part-time) [ ]  Self-employed [ ]  In education [ ]

Retired [ ]  Sick leave [ ]  Unemployed [ ]  Volunteering [ ]  Prefer not to say [ ]

**Relationship status**

Single [ ]  Married [ ]  Civil partnership [ ]  Divorced [ ]  Widowed [ ]  Prefer not to say [ ]

**Caring responsibilities**

[ ]  None [ ]  Primary carers of a child (under 18) [ ]  Primary carer of disabled child/ children

[ ]  Primary carer of disabled adult (18+) [ ]  Primary carer of older person [ ]  Secondary carer

**Where to send your completed form**

Please email your completed form to teamadmin@hertsmindnetwork.org. If you have any questions or would like help filling in this form, please call us on **02037 273600**