**Hertfordshire Mind Network**

**Online Meeting Places 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

**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

**Are you currently accessing any other services? \*** (e.g. mental health team, housing team, criminal justice system, 1-1 support

Yes  No

**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 the Online Meeting Places.**

**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](mailto: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

**Autism**

Autism diagnosis  Awaiting autism assessment

**Where to send your completed form**

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