



Three Days of Wellbeing - Booking Form

Please ensure that **ALL** sections of this form are completed

Details of referred person:

Title: _____ Date of Birth: _____
Name: _____ Telephone: _____
Mobile: _____
Address: _____ Email: _____
Postcode: _____
Are we able to leave messages on answer phone? Yes / No

Which course would you like to attend?

Introduction to Mindfulness 11-3pm (27/12/2017) Creative Writing (29/12/2017) 11-3pm
Clay Therapy 11-3pm (28/12/2017)

You can find more information about the courses we run by contacting our office on 01933 223591
or by accessing our website: www.wellingboroughmind.org.uk

GP Details (please note we do not contact your GP about course bookings):

Doctor: _____ Tel: _____
Surgery: _____

Emergency Contact Details:

Name: _____ Relationship: _____
Contact Number: _____

Additional learning needs or special requirements?:

Risk Assessment

Do you have any history of the following:							
	Yes	No	Don't Know		Yes	No	Don't Know
Aggression				Substance/Alcohol Abuse			
Arson				Self Harm			
Domestic Abuse				Sex Offences			
Financial Abuse				Other please specify			


Monitoring Information

Gender: _____ Marital Status: _____
 Nationality: _____ Sexuality: _____
 Religion: _____

Ethnicity (Please circle)

<i>White British</i>	<i>Indian</i>	<i>Chinese</i>
<i>White Irish</i>	<i>Pakistani</i>	<i>Any Other Ethnic Background</i>
<i>Any Other White Background</i>	<i>Bangladeshi</i>	
<i>Traveller of Irish Heritage</i>	<i>Any Other Asian Background</i>	
<i>Gypsy/Roma</i>		
<i>White and Black Caribbean</i>	<i>Caribbean</i>	
<i>White and Black African</i>	<i>African</i>	
<i>White and Asian</i>	<i>Any Other Black Background</i>	
<i>Any Other Mixed Background</i>		

Do you consider yourself to be disabled? Y N
 Please specify your disability: _____



Declaration for Self Referral

By signing this form you are agreeing that Wellingborough Mind can hold your personal information on file. Your personal information will only be shared with other agencies with your consent. For more information please refer to Wellingborough Minds Data Protection Policy.

Signature: _____ Print: _____ Date: _____



Please return this form to:

Wellingborough Mind, 14 Havelock Street, Wellingborough,
 Northamptonshire. NN8 4QA.

t:01933 223591 - admin@wellingboroughmind.org.uk - www.wellingboroughmind.org.uk