*For office use only*

*Date form received: Date contacted:*

**\*All information you give is confidential and intended solely for The Birch Collective**

**Contact Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **DOB**  |  |
| **Address** |  |
| **Tel Number** |  | **Mobile** |  |
| **Email Address** |  |
| **Age**  |  |  |

**Referrer (if applicable):**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Email** |  | **Contact Number** |  |

**Details of any agencies supporting you e.g support worker /key worker (if applicable):**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Email** |  | **Contact Number** |  |
| **Permission for us to contact this person?** |  |

**Emergency Contact Details:**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship** |  |
| **Tel Number** |  | **Mobile** |  |

**Employment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What is your employment status?** | Student | Unemployed | Employed | Retired | Other, please specify |

**Health:**

|  |  |  |
| --- | --- | --- |
| **Do you consider yourself to be affected by mental or emotional ill health?** If yes, please provide us with some detail: | Yes | No |
|  |
| **Do you consider yourself to have a learning disability?** If yes, please provide us with some detail: | Yes | No |
|  |
| **Do you consider yourself to have any physical health issues or medical conditions?****e.g ASD? Asthma? Allergies?** If yes, please provide us with some detail: | Yes | No |
|  |
| **Do you have any dietary requirements?** e.g halal, vegan, gluten free… If you please provide detail: | Yes | No |
|  |
| **Is there anything else that we should be aware of to make sure everyone is safe and happy during these sessions?**  | Yes | No |
|  |
| **What are your hopes for these sessions and why are you interested in it?** |
|  |

**Additional Support:**

|  |
| --- |
| **Is there anything else you feel we should know about to make your time with us more enjoyable, e.g. support needs, large print documents, help with form filling, etc?**  |
|  |

**Equal Opportunities:**

**If you are willing to share this information it helps us to monitor who we work with. If you would rather not fill any of these in, please leave them blank.**

|  |
| --- |
| **Please describe your ethnicity** *(e.g. African or White & Asian):* |
| **Please describe your gender** *(e.g. Male or Female, Non-binary):* |
| **Please describe your sexual orientation** *(e.g. Heterosexual or lesbian):* |
| **Is there anything else about your background you want us to know?** |

**Photo Consent:**

|  |  |  |
| --- | --- | --- |
| **Do you give The Birch Collective permission to take photographs or videos of you with the intention to use in publicity materials, social media sites, website, reporting to funders, newspapers and magazine articles? Images will not be given to third parties.** | Yes | No |
| **Do you give consent for The Birch Collective to contact you via email about other services we offer?**  | Yes | No |

**Declaration:**

**By signing this form, I declare that the statements made, and information given in this document are true and to the best of my knowledge and belief.**

**Also, by signing this form, you are giving us permission to contact you about opportunities and events from the Birch Collective. In order to comply with the General Data Protection Regulation, The Birch Collective is seeking your consent to hold your information on our database.**

**We are required by our funders to gather information about the people who use our services. We will not share your information with third parties other than those you have agreed to. We use and store any information that you give us in accordance with the Data Protection Act 2003.**

**Information you provide will be anonymised before being used in monitoring and evaluation reports for our current funders, to support funding applications. Your data will be held for a maximum of 2 year after your last engagement. Further details on our data protection and information sharing policies are available from The Birch Collective If you have any queries about the data we hold, please do get in touch at:** **team@thebirchcollective.co.uk** **or 07936784687.**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature**  |  | **Date** |  |