**REFERRAL/REGISTRATION FORM**

**Date:** Click or tap here to enter text. **Registration ID:** (for office use only)

Please complete the following information about yourself. The information is to be used for monitoring purposes only. Your rights under the General Data Protection Regulations (GDPR) 2016 and the Data Protection Act (DPA) 2018 will be protected

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Postcode:** Click or tap here to enter text.

**Do you rent your home? YES  NO**

**Telephone Number:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Preferred method of contact:**

Telephone  Text  Email  Post  DO NOT CONTACT

**Emergency Contact Name:** Click or tap here to enter text. **Number:** Click or tap here to enter text.

**GP Name:** Click or tap here to enter text. **Number:** Click or tap here to enter text.

**GP Practice:** Click or tap here to enter text.

**Third party/Agency referral**

**Do you have the woman’s permission to make this referral?**  Yes  No

**Name of referrer:** Click or tap here to enter text. **Job Title/Agency:** Click or tap here to enter text.

**Relationship to woman:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text. **Email: Address:** Click or tap here to enter text.

**Brief reason for referral:** Click or tap here to enter text.

**Are you a Carer?  Are you a Lone Parent?**

**Will you be using the Crèche?**

**If you are using the crèche, please tell us the age/s of your child/children** Click or tap here to enter text.

**Are you affected by any of the following?**

Health Issues  Long-term conditions  Mental health issues  Suicide and self-harm

Sexual violence  Domestic Violence and Abuse

Substance misuse: Alcohol  Current/historic: Drugs  Current/Historic

Do you feel you need any extra support to be able to attend courses/groups at Aspire?

**Employment Status:**

Employed  Unemployed  Retired  Student

In receipt of benefits

**Religion:**

Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  No religion  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to Say ❑

**How would you identify yourself?**

Lesbian Gay  Bisexual  Heterosexual (straight)  Transgender

Other  Prefer not to Say

**Ethnic Origin:**

**White:** British  Irish  Other White background

**Mixed/multiple ethnic groups:** White and Black Caribbean  White and Black African

Gypsy Roma Traveller  White and Asian  Other Mixed background

**Asian or Asian British:** Indian  Bangladeshi  Pakistani  Other Asian background

**Black or Black British:** African  Caribbean  Other Black background

Chinese  Other ethnic background  Prefer not to Say

**Where did you hear about Aspire?**

Word of Mouth  Aspire Leaflet  Aspire Website  Online newsletter

GP/Social Prescriber  Twitter  Facebook  Instagram

Referred by another Agency

Aspire can keep you up to date with what we have to offer. If you **do** wish to receive this information, please tick here

We would like to hear how you’re getting on once you have moved on from Aspire:

Please tick this box to give permission for us to contact you in the future

**Thank you for choosing Aspire**