Access Mind BLMK's Services

Date	

Confidentiality

Please indicate below if you consent to Mind BLMK collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing.

Mind BLMK will use your information appropriately and in line with our Privacy Policy which you can see here: Privacy Policy (https://www.mind-blmk.org.uk/privacy-policy). 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 our HQ on 0300 330 0648 or email hq@mind-blmk.org.uk. Please note that without your consent you will not be able to submit this form and access Mind BLMK's services.

Please note: Where information is given in confidence that Mind BLMK believes poses a risk to the service user, 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.

The information you enter into this form will be collected and stored by Mind BLMK. Please tick the tick box below to confirm you agree.

☐ I agree ☐ I do not agree

To access our services, please complete this form and we will contact you to discuss next steps. Please provide as much information as possible.

Your Details				
First Name				
Surname				
Email				
Address	Date of Birth			
	Home Tel:			
	Mobile Tel:			
	How would you like us to contact you?			
	Home Tel:		Email	
	Mobile Tel:		Post	
Postcode	Ok to leave message?			

Employment Information							
Employed		Unemployed		Military Veteran		Carer	

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

My emergency contact has given their consent: ☐

Emergency Contact			
Name			
Tel No:		Relationship	

GP Details (if known)			
Name			
GP Address			
Postcode		GP Tel:	

If you are a health or social care professional helping a person to access our services please attach a risk assessment and/or care plan. This is a requirement.

Risk assessment/care plan attached: ☐

Details of referrer (if completing the form on behalf of someone)	
Name of referrer	
Organisation Address	
Email	
Tel:	

If you can fill in the rest of this form please do so. Alternatively you can sign and return this form to the address overleaf and we will contact you for further information.

Which services would you like to access or like more information about?					
Mentoring		Peer Support Groups		Not sure or other	

Please can you tell us more information about what support you are looking for and why?

Is there any additional information we need to know for you to access our services? e.g. Language, Access Issues, Disability etc (**Please note:** we are unable to provide transport)

How did you hear about Mind BLMK's services?							
GP		CMHT/ Recovery Team		Social Worker		Counselling	
IAPT		Friend or Family		Other (please specify)			

Data Protection (Please complete if **you** are the person accessing our services)
Mind BLMK adheres to the Data Protection Act 1998's principles of good information handling and the EU General Data Protection Regulation 2018. Information will be: • Fairly and lawfully processed • Processed for limited purposes • Adequate, relevant and not excessive • Accurate and up-to-date, not kept for longer than necessary and secure. **Your agreement** I, (print name)_____________________ hereby give permission to Mind BLMK to process my information in line with the Data Protection Act 1988 and the EU General Data Protection Regulation 2018. I agree that information can be both sought and shared with Mind BLMK about my health and welfare and that such information will be securely stored, both on paper and electronically. Signed ____ Date _________ **Please note**: If submitting this form electronically you will be asked to sign and date a printed copy at your first meeting.

OFFICE USE ONLY			
Outcome		Date	

Please return this form marked 'Private and Confidential' to:

Mind BLMK, The Rufus Centre, Steppingley Road, Flitwick MK45 1AH or email: hq@mind-blmk.org.uk Tel: **0300 330 0648** Fax: **01525 722224**

Mind BLMK

Mind BLMK

Equal Opportunities and Disability Monitoring

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 1998 and the EU General Data Protection Regulation 2018.

Name:

Age group:	**Gender:**	**Sexual orientation:**	**Religion/Faith:**
17 or under ☐ 18-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70 and over ☐ Prefer not to say ☐	Male ☐ Female ☐ The gender ticked above is different from the sex assigned to me at birth ☐ Prefer not to say ☐	Bisexual ☐ Gay man ☐ Lesbian ☐ Heterosexual ☐ Other ☐ *Please specify:* Prefer not to say ☐	No religion/faith ☐ Christian (any denomination) ☐ Buddhist ☐ Hindu ☐ Sikh ☐ Muslim ☐ Jewish ☐ Other ☐ *Please specify:* Prefer not to say ☐

Disability:	**Ethnicity:**
Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last for at least 12 months? No ☐ Yes, limited a lot ☐ Yes, limited a little ☐ Prefer not to say ☐ *If yes, please specify briefly:*	**White** English / Welsh / Scottish /Northern Irish /British ☐ **White** Irish ☐ **White** Gypsy or Irish Traveller ☐ *Any other white background ☐ **Mixed** White and Black Caribbean ☐ **Mixed** White and Black African ☐ **Mixed** White and Asian ☐ *Any other mixed background ☐ **Black** or British African ☐ **Black** or British Caribbean ☐ *Any other black background ☐ **Asian** or British Indian ☐ **Asian** or British Pakistani ☐ **Asian** or British Bangladeshi ☐ **Asian** or British Chinese ☐ *Any other Asian background ☐ **Please specify:* Prefer not to say ☐

Thank you for completing this form