



Lindengate Short Programmes Registration Form



#YOUVE

A 6-week environmental education course for young people 16-18yrs, using bushcraft, conservation and mindfulness to learn job skills and develop seven soft skills to increase employment opportunities

Please note if you are under 18yrs you must have your Parent/Relevant Person Representative provide consent. See Page 5.

| | | | | |
|------------------------------------|----------------------|--|------------------------|--|
| Referral Type (please tick) | Self-Referral | | Agency Referral | |
|------------------------------------|----------------------|--|------------------------|--|

| | | |
|-------------------------|---|--|
| Office Use Only: | Date Registration Form Received: | |
|-------------------------|---|--|

| | |
|-----------------|--|
| Title: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| First name: | If other please specify: |
| Preferred name: | Age: |
| Surname: | Date of Birth: |
| Address: | Home tel: |
| | Mobile: |
| Postcode : | Email: |

How do you hope to improve your wellbeing at Lindengate? Please tick all that apply:

| | | | | |
|-------------------------------|---------------------|-------------------------|--------------------------|---------------------------------|
| To connect with people | To be active | To keep learning | To give to others | To take notice of nature |
| | | | | |

This programme is aimed at helping people with these experiences. Please tick any that may apply to you:

| | | | | | |
|---------------------------------------|--|-------------------------|--|---------------|--|
| Anxiety | | Loneliness | | Stress | |
| Depression | | Grief & Loss | | PTSD | |
| Other - please use this space: | | | | | |

Please let us know of any medical conditions, allergies, epilepsy, mobility, sight, hearing, substance misuse issues or anything else you think may be relevant which could affect your ability to do physical activities or work in a group, so we may ensure your safety and wellbeing. Please tell us about any other specific support you require:

See page 7 for Epilepsy Personal Care form if required.

In the event of an accident or incident please tell us who we should contact:

Emergency Contact 1:

| | |
|----------------------|-----------|
| Contact name: | Address: |
| Relationship to you: | |
| Home tel: | Postcode: |
| Mobile no: | Email: |

Emergency Contact 2:

| | |
|----------------------|-----------|
| Contact name: | Address: |
| Relationship to you: | |
| Home tel: | Postcode: |
| Mobile no: | Email: |

Health Consent

Please tick either box below to indicate your consent or that you do not consent to Lindengate holding the above health information about you.

I consent **I do not consent**

Video / Photograph Consent

It is our policy that where we are planning to use an image (photograph or video) for materials in the public domain, consent must be obtained by the appropriate person. Image consent can be changed or withdrawn at any time by notifying a member of staff. However, we cannot withdraw images already published.

Participant Consent

Please tick the boxes below to indicate your consent:

- Anonymous photos where face cannot be seen or is obscured? **Yes** **No**
- Identifiable photos of face? **Yes** **No**
- Video interview face-to-face? **Yes** **No**



Collecting Your Feedback

Lindengate regularly collects feedback and comments from users of our services. This information provides evidence of the impact of our services which is used to support fundraising and publicity.

Please tick to agree, or not, to us collecting this information.

I consent **I do not consent**

Keeping in touch in accordance to Data Protection (GDPR)

All information provided on the registration form and in any further correspondence with Lindengate will be treated as confidential and will not be disclosed to any third party outside of Lindengate without consent from the person. If we are under a duty to disclose or share your data in order to comply with any legal obligation e.g. safeguarding children or vulnerable adults, acts of terrorism or money laundering we are obliged to cooperate.

From time to time Lindengate may need to contact you (for example, if there was to be a closure due to weather etc.) If you agree to us contacting you for this purpose please tick to indicate that you consent:

I consent **I do not consent**

| | | | |
|--|--|-------------|--|
| Signed by Programme Participant | | Date | |
|--|--|-------------|--|

Please return to Lindengate, The Old Allotment site, Wendover Rd, Aylesbury HP22 6BD or email: referrals@lindengate.org.uk

Parent or Relevant Person Representative Consent Form (if applicable)

Consent form to be completed by the Parent/Relevant Person Representative for participants Under 18yrs

| | |
|---|--|
| Name of Young Person attending Lindengate programme: | |
|---|--|

I give permission for the person named above to attend #YOUVE
at Lindengate Mental Health Charity next to Dobbies Garden Centre, HP22 6BD

Parent or Relevant Person Representative Details

| | |
|-----------------|--|
| Title: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| First name: | If other please specify: |
| Preferred name: | Age: |
| Surname: | Date of Birth: |
| Address: | Home tel: |
| | Mobile: |
| Postcode : | Email: |

| | | | |
|----------------------------------|--|-------------|--|
| Signed by Representative: | | Date | |
|----------------------------------|--|-------------|--|

Please return to Lindengate, The Old Allotment site, Wendover Rd, Aylesbury
HP22 6BD or email: referrals@lindengate.org.uk



Equal Opportunities Monitoring Form

Participant Name:

How would you describe your ethnic origin? (The following categories are recommended by the Commission of Racial Equality.)

A **White**

British

Irish

Any other white background please write

Here: _____

B **Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background please write

Here: _____

C **Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background please write

Here: _____

D **Black or Black British**

Caribbean

African

Any other Black background please write

Here: _____

E **Chinese or other ethnic group**

Chinese

Any other ethnic background please write

Here: _____



Epilepsy Personal Care Record

Date:

| | |
|---|--|
| Name | |
| Type and description of seizure | |
| Normal seizure length | |
| Frequency of seizures | |
| Date of last seizure | |
| Known triggers | |
| Normal recovery time | |
| Prescribed medication (name and time taken) | |
| Medical alert card/bracelet | |
| Any history of status epilepticus | |
| Any emergency medication to be administered | |