

Lindengate Short Programmes Registration Form

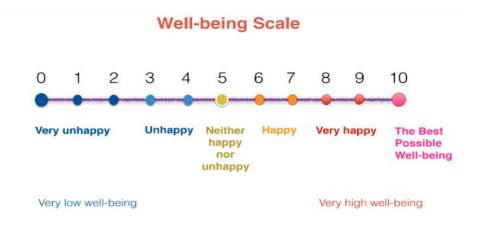
BUDZ

A 6-week nature-based course supporting young people 13-15yrs in personal growth and resilience

Please note if you are under 18yrs you must have your Parent/Relevant Person Representative provide consent. See Page 6.

Referral Typ (please tick)	-	Self-Referra			Profes	sional Refer	ral	
Office Use 0		Date Registr Form Receiv						
		Gender: □ Male □ Female □ Other						
First name:			If other please specify:					
Preferred name:			Age:					
Surname:			Date of Birth:					
Address:				Home tel:				
				Mobile	:			
Postcode:			Email:					
Common Mei	Obsessive Compulsive Disorder	ndition if dia Panic Disorders	gnosed: Phobia	Gene Anxie Disor		Common MH Disorders not otherwise	No Di	agnosis

Overall how do you rate your wellbeing?



How do you hope to improve your wellbeing at Lindengate?

Our nature-based activities are designed to increase confidence, wellbeing and learn new skills. What do you hope to achieve?

Health

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 is maintained. Please tell us about any other specific support you require:

Please see Pg 8 for Epilepsy Sheet (if required)		
Behaviours		
lease indicate the issue(s) that the person you referre	ed tha	at is causing you concern
isky behaviours		<u> </u>
ggressive behaviours		
challenging behaviours		
elationship breakdowns		
Applied within the family		
Conflict within the family		
motional distress		
ocial isolation		
Other		
Risks associated with the person being referred	√	Comments
Oo they have a history of violence towards staff?		
Oo they have a history of carrying offensive weapons? On they have a history of making false and or malicious		
llegations/complaints about staff?		
Oo they have a history of inappropriate sexual behaviour		
r comments?		
	1 1	
When was the last time the person presented w	ith th	ese behaviours?
·		
What support are they getting now or in the pas	t to a	ddress the behaviour?

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

Please return completed registration forms to: Lindengate, The Old Allotment site, Wendover Rd, Aylesbury HP22 6BD or email: referrals@lindengate.org.uk or phone 01296 622443

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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:
□ I consent □ I do not consent	1.
<u>Video / Photograph Consent</u>	
It is our policy that where we are planning to use an image materials in the public domain, consent must be obtained to consent can be changed or withdrawn at any time by notify we cannot withdraw images already published.	by the appropriate person. Image
Participant Consent	
Please tick the boxes below to indicate your consent:	
 Anonymous photos where face cannot be seen or in Identifiable photos of face? ☐ Yes ☐ No Video interview face-to-face? ☐ Yes ☐ No 	s obscured? □ Yes □ No

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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.

9,					
Please tick to agree, or not, to us	collecting this information.				
☐ I consent ☐ I do not con	sent				
Keeping in touch in accordance to Data Protection (GDPR)					
Lindengate will be treated as conf of Lindengate without consent from your data in order to comply with a	distration form and in any further correspondence with dential and will not be disclosed to any third party outside in the person. If we are under a duty to disclose or share any legal obligation e.g. e adults, acts of terrorism or money laundering we are				
•	need to contact you (for example, if there was to be a agree to us contacting you for this purpose please tick to				
□ I consent □ I do not consent					
Signed by Programme Participant	Date				



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 BUDZ
at Lindengate Mental Health Charity next to D	obbies Garden Centre, HP22 6BD
Parent or Relevant Person Representative	Details
Title:	Gender: □ Male □ Female □ Other
First name:	other please specify:
Preferred name:	Age:
Surname:	Date of Birth:
Address:	Home tel:
	Mobile:
Postcode:	Email:
Signed by	Date

Representative:

Equal Opportunities Monitoring Form

Participant Name:					
Com	would you describe your ethnic origin? (The mission of Racial ality.)	ne foll	owing categories are recommended by the		
A	White ☐ British ☐ Irish Any other white background please write Here:	С	Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi Any other Asian background please write Here:		
В	Mixed ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian Any other mixed background please write Here:	D	Black or Black British ☐ Caribbean ☐ African Any other Black background please write Here:		
		Е	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		

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