|  |  |
| --- | --- |
|  **Name of Client:** | **Date of Birth:** |
| **Address: Telephone No:** **Mobile No:** **Email address:****Ethnicity** (Please tick):White: 󠄀󠄀 British 󠄀󠄀 Irish 󠄀󠄀 OtherAsian or Asian British: 󠄀󠄀 Indian 󠄀󠄀 Pakistan 󠄀󠄀 Bangladeshi 󠄀󠄀 OtherBlack or Black British: 󠄀󠄀 Caribean 󠄀󠄀 African 󠄀󠄀 OtherMixed: 󠄀󠄀 White and Black Caribean 󠄀󠄀 White and Black African 󠄀󠄀 White and Asian 󠄀󠄀 OtherChinese or other ethnic group: 󠄀󠄀 Chinese 󠄀󠄀 Other Undisclosed: 󠄀󠄀 Do not wish to answer  |
| **Referral type** (please tick):* Referred by Social Services
* Referred by Somerset Partnership
* Other (Please specify eg. Self referral)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Attendance** (please tick):* Wednesday
* Friday

(Please note that these are full days 10am-3pm) |
| **Referrer details** (if applicable):Name:Organisation: Position: Address: Telephone:Email: |
| **GP details:**Name:Address: Telephone:Email: |
| **In case of emergency please contact** (Next of kin or significant other):Name:Relationship: Address: Telephone:Email: |
| **Summary of Mental and Physical Health:** |
| **Details of current medication and any known side effects:**  |
| **Does the applicant have any particular cultural, ethnic, religious or other specific needs?** (Please tick)* Yes
* No

If yes, please give details: |
| **Does the applicant have any physical disability and/or additional physical needs?** (Please tick) * YES
* NO

If yes, please give details:**Do you have any allergies that we need to be aware of?**(Eg. Do you need to use an epipen if explosed to the allergen) |
| **Payment and Transport:**How will you be paying for the Workshop that you attend?* Self funded (cash / cheque / BACS)
* Direct payments
* Other, please specify;

Who will be managing your payments if you are entitled to Direct Payments?* Enheim
* Self-managed

Who will be managing your payments if you are self-funding?* Yourself
* A carer or other nominated person (please detail below)

Has your claim for Direct Payments been authorised?* Yes
* No

How will you travel to and from Heads Up?* Public Transport (Bus / Taxi)
* Drive myself
* Transport is funded and arranged by my referrer

Contact name and telephone number of your transport operator: |

Declaration:

* I agree to abide by the aims and formailities of Heads Up and by the policies in place regarding the use of the service.
* I understand that whilst in attendance at Heads Up I am fully responsible for myself.
* I understand that whilst in attendance at Heads Up I need to where suitable clothing that is appropriate to the workshop I am attending. (Suitable PPE is provided where necessary.)
* I agree that any information that I provide may be stored in accordance with the General Data Protection Regulation 2018 and relevant internal policies. I understand that this information will not be shared with any other organisations without my explicit consent, except in situations where I disclose information which suggests that there may be a risk to myself and/or others.
* I understand that I will continue to be charged even if I do not attend except in exceptional circumstances at the managers discretion.
* I understand that my placement at Heads Up is under continual review and that the occasion may arise when we need to end your placement at the service due to us being unable to accommodate and suitably meet your needs.

**Declaration to be signed by client:**

I have read, understood agreed with and completed all the questions on the form:

Signature ...................................................................... Date: ................................................................

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| --- |
| **Declaration to be signed by the referrer**I have read, understood agreed with and completed all the questions on the form to the best of my knowledge:Signature …………………………………………………………………………………… Date ………………………………………………… |

 **Client Consent to take and use Photographs, Video & Creations**

Heads Up likes to use client photographs and video on its Website, Facebook page and other social media to show active participation in activities undertaken and to promote our service. In addition we like to exhibit creations produced by you within our workshops, around the service and at outside events. Heads Up holds a Client data base that we use to make contact regarding our workshops and specific Client events. Heads Up does not share or pass your data to any third parties.

Please let us know if you agree to us taking your photo and using it on our website, Face book, and other publicity material by selecting from the options below (this includes creations produced within workshops).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | (Please tick the appropriate box) |
|  |  |  | Agree to have your photograph taken in an individual or group (please delete as appropriate) setting. |
|  |  |  | Agree to have video imagery of you taken in an individual or group (please delete as appropriate) setting. |
|  | Agree to the use of photographs and/or videos (please delete as appropriate) on the Heads Up; 󠄀 Website󠄀 Facebook and other social media󠄀 Within newspaper and other magazine publications 󠄀 Within the service |
|  | Agree for items that you have created and photographs of items created by you to be displayed in our; 󠄀 Workshops󠄀 Within the service󠄀 At external events |
|  | Agree for photographs of you and/or items you have created to be used as content within;󠄀 Our annual review, promotional booklets, leaflets/flyers󠄀 Our pop up banners and table banners󠄀 Newspapers and magazine publications  |
|  |  |  | Memories clients only: Agreethat photographs and personal history information can be displayed on the walls of the memories room (in poster form). Please note that this room is used for other purposes e.g. Training, meetings and by outside visitors. |

**PLEASE NOTE:** Consent to take/use photographs, video or items created may be withdrawn at any time by informing the Data Privacy Officer or speaking to any Staff member.

Name:………………………………………………

Signature:…………………………………………

Date:………………………………………………..

(If you are signing on behalf of someone please include their name:………………………………)

**Client Consent to Release Information**

Occasionally Heads Up staff are asked to share information about you to a Health Care Professional or your Next of Kin for example. To ensure that we get this right and that we act in a manner that has been agreed by you we need your consent.

I……………………………………….. hereby give permission for Heads Up staff to release information to:

|  |  |
| --- | --- |
| Who: | In regards to:(Please tick the appropriate boxes) |
| Statutory Organisations, including my Care Coordinator, the duty worker in the absence of my Care Coordinator or a GP at my registered surgery. | * My Mental Wellbeing and Physical Health
* My progress within Heads Up
 |
| A family member, Carer or Next of KinPlease Specify:1)……………………………………………………2)…………………………………………………...3)…………………………………………………… | * My Mental Wellbeing and Physical Health
* My progress within Heads Up
 |

**PLEASE NOTE:** Consent to release information to the individuals that you have named above can be reviewed at any time by speaking to the Data Privacy Officer or any member of staff.

I understand that this information will not be shared with any other organisations without my consent, except in situations where I disclose information which suggests that there may be a risk to myself and / or other or a Safeguarding concern.

Name:………………………………………………

Signature:…………………………………………

Date:………………………………………………..

**Carers Consent to take and use Photographs and Video Imagery and to Heads Up Contacting You**

Heads Up likes to use photographs and video imagery on its Website, Facebook page and other social media to promote our service. Heads Up holds a data base of our Carers that we use from time to time to make contact regarding our Carers Group or specific Carers Events. Heads Up does not share or pass your data to any third parties.

Please let us know if you agree to us taking your photo and using it on our website, Face book, and other publicity material by selecting from the options below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | (Please tick the appropriate box) |
|  |  |  | Agree to have your photograph taken in an individual or group (please delete as appropriate) setting. |
|  |  |  | Agree to have video imagery of you taken in an individual or group (please delete as appropriate) setting. |
|  | Agree to the use of photographs and/or videos (please delete as appropriate) on the Heads Up; 󠄀 Website󠄀 Facebook and other social media󠄀 Within newspaper and other magazine publications 󠄀 Within the service |
|  |  |  | Agree to be contacted specifically about the Carers Group. |
|  |  |  | Agree to be contacted about any carers events associated with Heads Up.  |

**PLEASE NOTE:** Consent to take/use photographs or video imagery or to Heads Up contacting you may be withdrawn at any time by informing the Data Privacy Officer or speaking to any Staff member.

I agree to Heads Up contacting me by (please tick):

Name:………………………………………………

Signature:…………………………………………

Date:………………………………………………..

|  |  |
| --- | --- |
| Telephone |  |
| Email |  |
| Face to face |  |
| Post |  |

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| **Our Mission Statement** |
| “Improving the Mental Health and wellbeing of adults through Empowerment, Support and Hope.”Heads Up provides activity based learning and development workshops for individuals with mental health needs, including adults with dementia, learning disabilities and physical disabilities.  |
| **Our Aims** |
| We provide support to enable individuals to establish links to their local community and in particular access information such as education, volunteering and employment opportunities. Our main aims embed and embrace the Five Ways to Wellbeing and are to:* Support clients to access socially inclusive mainstream activities and services, providing an opportunity to meet others and form social networks
* Learn a new skill or even rekindle an old interest by participating in a creative activity
* Improve physical and mental health through exercises eg. Walking, tai-chi, gardening
* Improve mental health and emotional wellbeing by nurturing and understanding your needs, including relaxation techniques, listening to music, being creative
* Help, encourage and share knowledge and skills with others.
 |
| **A few Formalities** |
| Individuals must abide by the Health and Safety Practices in place at the service.No one will be allowed on the premises if they are under the influence of or in the possession of alcohol, legal highs or illegal drugs.All individuals are treated equally and are respected at Heads Up. All contributions are considered valuable and worthwhile.The only dogs allowed in the unit are assisted dogs.Smoking is only permitted within the designated smoking area, this includes vaping and the use of electronic cigarettes.Aggressive or abusive behaviour will not be tolerated.Unfortunately, due to insurance purposes, children under the age of 15 are not permitted on site.  |

**Heads Up Referral Guidance Notes**

**Information for Referrers**

The referral should be completed with the person thinking about attending Heads Up, unless you are making a self referral.

In order to process referrals, each part of the form should be completed in full.

Heads Up work to a multi-agency approach and expect that all information appropriate to the referral is shared to support our work. All information contained within the referral will be discussed with the person during their assessment.

We request that you return the completed referral form with an up to date care plan and risk assessment if these are available.

Once we have received completed referral paperwork and supporting documents, we will endeavour to process it within 7 working days. The Service Manager or Deputy Manager will make contact with the referrer and referee to arrange a suitable time to visit the service to look around and to have an assessment.

All referrers and referees will be notified after their assessment the outcome of the referral.

Heads Up aims to support everyone who is eligible to use its service.

Our Carers Group

The carers group is an opportunity to meet other people in similar situations to yourself, to discuss how things are going and what other services are out there that you may be able to access.

![gatag-00009471[1]]()

Our carers group runs on the last Wednesday of the month, at the Swan Hotel, Wells from 10.30am to 12 noon. Teas and coffees are available.

**FOR OFFICE USE ONLY (HEADS UP)**

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| --- |
| Client (name)....................................................................... assessed by ........................................... on ..................................................................... for ......................................................................... **ASSESSMENT:****MOBILISING AND MAINTAINING A SAFE ENVIRONMENT**Walking:Sitting:Wandering (in and out of building):**COMMUNICATING/SOCIABILITY**Willingness to attend Heads Up:Participating in groups:Sit and socialise:Dysphasic:Communicate:Understanding of surroundings and fellow clients:Attention/concentration:Memory:Mood:**EATING AND DRINKING**Sit with others:Needs prompts:Normal diet (soft/diabetic/reducing):Likes/dislikes:**PERSONAL CLEANSING AND DRESSING ETC:**Appropriate dress, dressed in correct order, relative to season:Clean clothes/stained, smart, dishevelled:Independent with toileting/needs assistance:Incontinence aids:Needs medication:**WORKING:**Abilities to participate in word activities:Working in groups, appropriateness, confabulates, willingness to mix:Attention span:Likes and dislikes: |