

Participant Information Form



Out of the Blue -- creative opportunities for people with mental health needs in Kirklees. Fill in this form if you would like to participate in one of our activities, or if you want to refer someone else to our service.

PART A

Personal Information			
First name			
Last name			
Home address			Postcode
Home phone		Mobile phone	
E-mail address			Date of Birth
Key Worker (e.g. Social Worker/CPN) or Doctor			
Key worker name			
Address			
Phone number		Email	
Emergency Contact Information			
Emergency contact name			Relationship
Address			
Phone number(s)			

Please tick **Out of the Blue** activities you would like to attend

- Music/Singing group
 Dance group
 Drama/Film group
 Music studio
 Art group
 Creative Writing group
 Art studio
 other _____

Dignity & Respect Hoot and AiM believe everyone participating in our activities should be treated with dignity and respect. Verbal abuse, bullying and aggression towards staff, volunteers or other participants is unacceptable, and constitute grounds for exclusion from all activities.

I have/have not* been referred to **Out of the Blue** by my key worker/other* _____ and have completed this form myself. (*Please indicate as appropriate)

I have a Care Plan or Community Care Assessment
 I am ex-services personnel

By signing this form, I also consent to my Key Worker and/or Emergency Contact being contacted if appropriate.

Date completed: _____ Signed: _____

Please also make sure you complete the monitoring form attached.

Please turn over ...

PART B

Services provided by Out of the Blue are becoming available to people with Personal Budgets and Direct Payments. Hoot & AiM need to find out how many people are eligible for a Direct Payment so they can plan for services in the future.

I agree for Hoot & Aim to make enquiries on my behalf to find out if I have a care co-ordinator, so that Hoot & Aim can make these plans.

Signature

PART C

Please complete the following if you are referring someone else to **Out of the Blue**:

Relationship to the person named in PART A _____

This form was completed by _____ (please print name)

Organisation	
Address	Postcode
Phone number(s)	
Email	

I confirm that the person I am referring is eligible to access **Out of the Blue** and is able to participate independently, or will be provided with the appropriate support. (Contact Hoot or AiM if in doubt)

Signature.....

Referral Source (please indicate)

- CMHT North Kirklees: Batley/Spenborough/NK AOT/NK Crisis Team
- CMHT South Kirklees: West/East/South/SK AOT/SK Crisis Team/Recovery Team
- GP: North Kirklees/South Kirklees/GP outside Kirklees
- Other Agency: _____

Please turn to the next page.

Please return to:
Out of the Blue, c/o Hoot, Bates Mill, Milford Street, Huddersfield, HD1 3DX
For more information ring Hoot (01484 516 224) or AiM (01484 434 909).

For Office Use: PIF logged Copied to AiM/HOOT Multiple Referral

MONITORING FORM



Date Completed:.....

Which **Out of the Blue** activity do you go to?.....

(eg Express Yourself, Another Planet)

1.	I am (please circle one): Male Female
2.	I am aged (please circle one): 18-24 25-34 35-44 45-54 55-64 65 and over
3.	I am registered disabled? (please circle one) Yes No would rather not say
4.	I feel I have experienced problems with my mental health at some time in my life? (please circle one) Yes No would rather not say I have been diagnosed with a mental health problem at some time in my life? (please circle one) Yes No would rather not say
5.	My ethnic background is (please tick one): <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other White Background (please specify)
	<input type="checkbox"/> Mixed (White & Black Caribbean) <input type="checkbox"/> Mixed (White & Black African) <input type="checkbox"/> Mixed (White and Asian) <input type="checkbox"/> Any other Mixed Background (please specify)
	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian Background (please specify)
	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black Background (please specify)
	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other background (please specify)

Thank you for taking the time to complete this form.