**Welcome to The Cart Shed!**

We are delighted that you are interested in attending one of our courses. Before we can register you onto one of our courses, we need to ask for a few key details from you.

Please can you complete the form below; either for yourself or on behalf of someone, and return to **info@thecartshed.co.uk**

Are you completing this for yourself or someone else? (Please X which)

**If completing for someone else please provide your contact details below**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
| Contact Number |  | Relationship to you |  |

**Contact details of person registering with The Cart Shed for a course**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | Title (Mrs, Miss, Ms, etc) | | |  | Gender | |  |
| Address |  | | | | | | Date of Birth | | |  | |
| Postcode | |  | | Email | |  | | | | | |
| Mobile Number | |  | | Home Number | |  | | | | | |
| Preferred method of contact | |  | | | | | | | | | |
| GP Surgery Address inc. GP Name if known | | |  | | | | | | | | |

**Emergency contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Mobile Number |  | Home Number |  |
| Relationship to you (friend, partner, husband, etc. | |  | |

**Can you please tell us how you found out about the course, mark with X as many as relevant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Facebook |  | Instagram |  |
| X |  | Word of Mouth |  |
| Other (Please tell us what) |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Transport – please mark with X if assistance required getting to/from The Cart Shed. If yes, please indicate preferred pick-up point below | | | | |  |
| Own Transport | Hereford Bus Station | Hereford Travis Perkins | Leominster Spar | Kington Coop | Other (within vicinity eg Weobley) |

|  |  |  |  |
| --- | --- | --- | --- |
| Armed Forces Connection (Please tick any that apply) | Currently Serving | Veteran | Family of serving or ex serving member |
|  |  |  |

|  |  |
| --- | --- |
| Diagnosis/disability/medical information |  |
| Education/employment details |  |
| Current benefit status |  |

**Have you had any previous or current involvement or support from any of the following? :**

|  |  |  |
| --- | --- | --- |
| **Agency or Service** | **Yes/No** | **Name and contact details of case worker** |
| CPN |  |  |
| Social Worker |  |  |
| Mental Health Services |  |  |
| Drug and/or alcohol Services |  |  |
| Social Care Services |  |  |
| Probation Services |  |  |
| Criminal Justice system |  |  |
| **Please note that failure to disclose this information may prevent you from attending sessions, it will NOT prevent you from attending The Cart Shed if you have engaged with any of these services. Please confirm you have read this statement 🞎** | | |

**Reasons for wishing to attend The Cart Shed**

**The more information you can provide us with, the quicker and easier it is for us to screen your referral and consider what of our provision will be most suitable for you. Limited information may mean that we will need to pass the referral back to you.**

* What do you think we can offer that would be beneficial to you?
* Do you have any particular support needs that it would be helpful for us to know about?
* Within the past year have any of the following been an issue for you: not being able to manage your self-care, hurting yourself, thinking about or acting on thoughts to take your own life, being violent towards others, being purposefully unkind to others, misusing substances. If ‘yes’ please provide brief details.

**Feel free to write as much as you want here and continue on a separate piece of paper if needed**

|  |
| --- |
|  |

**Voluntary contributions welcome**

We have introduced a voluntary contribution scheme for everyone who wants to support the running cost of the Cart Shed Charity. From the feedback we receive we know how valued our services are by all involved in them. The Cart Shed charity relies on fundraising to enable those who do not qualify for social care support to attend sessions.

We are asking every participant to consider donating what they can to help with the costs of their course. This is not mandatory. If a participant cannot afford even the smallest of donations, they are still welcome. Donations and referrals are not linked.

Information on how to donate will be given to you shortly after you enrol with us. If for any reason this causes you any anxiety, please raise it with one of the team immediately.