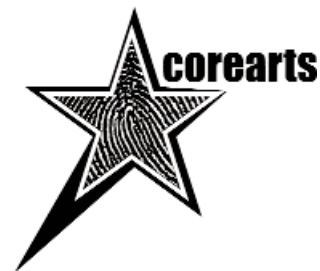


FOR OFFICE USE: DATE RECEIVED



membership application HACKNEY REFERRALS

Please complete, sign and bring with you on your first visit, or return to:
Membership, Core Arts, 1 St Barnabas Terrace, Homerton, London E9 6DJ
If you have any queries please call **020 8533 3500**

ALL PARTS OF THIS FORM MARKED WITH AN * MUST BE FILLED IN BEFORE MEMBERSHIP CAN COMMENCE.
*** Guidance notes helping you to fill in this application are at the back of the form**

★ applicant's details

SURNAME*

FORENAME(S)*

ADDRESS*

POSTCODE*

HOME TEL*

MOBILE TEL*

EMAIL

REFERRED BY THE PSYCHIATRIC SERVICES PSYCHOLOGICAL SERVICES

★ referrer's details

if you are **not** the applicants principle care co-ordinator or key worker then please also complete the next section giving details of those involved in the applicants care.

NAME*

ADDRESS*

POSTCODE*

TEL

EMAIL

JOB TITLE*

RELATIONSHIP TO APPLICANT*

★ details of those involved in your care

Your **care co-ordinator** is the person responsible for co-ordinating your support in the community. They are usually **CPNs** (Community Psychiatric Nurses), **Social Workers** or **Community Support Workers**. If you are unsure of who they are, ask your **GP** or **Psychiatrist**.

NAME*	
ADDRESS*	
POSTCODE*	
TEL*	EMAIL
JOB TITLE*	RELATIONSHIP TO APPLICANT*

★ reason for application

WHAT ARE YOUR AREAS OF INTEREST? art music mixed media poetry / creative writing

HOW DO YOU PERCEIVE THE BENEFITS IN ATTENDING CORE ARTS?

★ 5 monitoring details

DATE OF BIRTH*

GENDER* male/female (delete as appropriate)

*** Please complete the separate monitoring form**

★ 6 terms and conditions*

To be read and signed by the prospective member.

I am aware that the information stated on this form shall remain confidential to staff at Core Arts. I understand that as part of the remit for membership Core Arts must have up-to-date details of my principle care co-ordinator or key worker.

I agree that Core Arts will only contact my care co-ordinator at my request unless they have due concern about my well-being.

SIGNATURE*	DATE*
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