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| --- |
| Client Name: |
| Client Address: |
| Full Postcode: |
| D.O.B: | Age:  |
| Phone 1: | Phone 2: |
| Email: |
| Referrer:  |

|  |  |
| --- | --- |
| Gender: | Sexual Orientation: |
| Religion: | Ethnicity: |
| Immigration Status: | Housing Situation: |
| Career Status:  |
| English language skills competency: | Digital / IT skills competency: |
| **Tick all that apply** |
| Currently receiving NHS support for mental/physical health [ ]  | Has a Disability [ ]  |
| Currently on a waiting list for mental/physical health? [ ]  | Economically Inactive [ ]  |
| Has a diagnosed Mental Health condition [ ]  | Substance/Alcohol misuse [ ]  |
| Feels they cannot financially meet their basic needs [ ]  | Lone Parent [ ]  |
| Experiencing Domestic Violence / Abuse [ ]  | Digitally excluded [ ]  |
| Chronic / long-term physical health issues [ ]   | No recourse to public funds [ ]  |

|  |  |
| --- | --- |
| **For Office Use Only** | Registration Date:  |
| Permission to contact? Yes / No  | Client unique ID number: |