|  |  |
| --- | --- |
| 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: |