98-100 Ilford Lane, Ilford, Essex, IG1 2LD

Tel: 020 8925 2435 jodie.roast@oneplaceeast.org [www.oneplaceeast.org](http://www.oneplaceeast.org)

**MENTAL HEALTH AWARENESS WEEK PROGRAMME   
BOOKING FORM**

Title:Surname:

First name:D.O.B:

Address:

City:Postcode:

Email:

***(Please only supply an email address if you check it regularly. A link will be forwarded to you with confirmation of your place. Please check your junk or SPAM folder if you have not received a confirmation)***

Home No:Mobile:

|  |  |  |
| --- | --- | --- |
| **Please select the activities/workshops you want to register for below:** | | |
| **Mental Health Podcast**  Monday 10 May 2021 7.00pm-8.00pm Via Facebook Live & YouTube | **Seated Yoga**  Tuesday 11 May 2021 2.00pm-3.00pm Via Zoom | **From Thriving to Surviving**  Wednesday 12 May 2021 12.30pm-3.30pm Via Zoom |
| **Afternoon Tea & Chat**  Thursday 13 May 2021 1.00pm-2.30pm  Via Zoom | **Mindfulness & Meditation**  Friday 14 May 2021 2.00pm-3.00pm Via Zoom | **Calming the Mind & Body**  Saturday 15 May 2021 1.00pm-3.30pm Via Zoom |
| **Exploring Ourselves Through Poetry**  Sunday 16 May 2021 4.00pm-5.30pm Via Zoom |

|  |
| --- |
| Please tell us whether you are: Service user / Supporter (Carer) / Professional – delete as applicable |

|  |
| --- |
| Experiencing difficulties managing moods and emotions. |
| Struggling with feelings of suicidality and/or Self-harm. |
| Feeling overwhelmed by being stuck in an unhelpful pattern of behaviour. |
| Facing isolation or experiencing relationship difficulties. |

**Please tick any that apply:**

**Learning:**

|  |
| --- |
| Do you have any specific learning needs or disability related requirements we should be aware of? (please state what adjustments to be made) |
|  |

**Medical:**

|  |
| --- |
| Do you have any medical information we should know about? (please state) |
|  |

We would like to contact you about upcoming events. Please confirm whether you want to receive

information:

|  |  |
| --- | --- |
| Would you like to receive emails keeping you up to date with new courses/workshops and dates? Delete as applicable | Yes  No |
| Would you like to receive general information from One Place East including our monthly newsletter from RUN-UP? Delete as applicable | Yes  No |

**Emergency contact details:**

|  |  |
| --- | --- |
| Who should we contact in the event of an emergency? | |
| Full name: |  |
| Relationship: |  |
| Contact number: |  |

**Permission for use of photos and/or video:**

|  |  |
| --- | --- |
| I agree that One Place East can use my photo and/or video for monitoring and publicity purposes. | |
| **Signed:** | **Date:** |

|  |  |
| --- | --- |
| **Data Consent Form**  Firstly, we need to reassure you that One Place East is committed to keeping your data secure. We will only collect data that is necessary for us to be able to continue to provide you with a service, to contact you and to comply with the monitoring requirements of our funders. Any information that is given to our funders is in an anonymized form.  Under the new regulations you have certain rights. These include the right to view the data we hold on you and to make any corrections that may be necessary. You also have the right to object to us holding your personal data, however, please be aware that this option would mean that you will need to return the card to us for destruction as we would have to delete your details from our systems.  We will hold your information on our systems until you advise us that you no longer wish to receive a service. After this, we will only use your data to comply with any subsequent legal requirements and then we will either delete or anonymise your data.  If the person directly receiving a service is unable to sign then the form should be signed by someone on their behalf.  🞏 I give consent for One Place East to hold my data in line with the new General Data Protection Regulations. \*  🞏 I do not give consent for One Place East to hold my data in line with the new General Data Protection Regulations \* | |
| Signature: | Date: |

**Please return this form to:**

RUN-UP, One Place East, 98-100 Ilford Lane, Ilford, Essex, IG1 2LD

Jodie.roast@oneplaceeast.org



**EQUAL OPPORTUNITIES MONITORING**

98-100 Ilford Lane

Ilford

IG1 2LD

Tel: 020 8925 2435 jodie.roast@oneplaceeast .org [www.oneplaceeast.org](http://www.oneplaceeast.org)

**EQUAL OPPORTUNITIES MONITORING**

In order to help us monitor the effectiveness of our policy, please complete this form. The information will be used solely for monitoring purposes and treated as strictly confidential.

**ETHNIC ORIGIN:**

**Please tick the category which you feel best describes your ethnic origin:**

|  |  |  |  |
| --- | --- | --- | --- |
| **WHITE:** |  | **BLACK OR BLACK BRITISH:** |  |
| British |  | Caribbean |  |
| Irish |  | African |  |
| Any Other White Background |  | Any Other Black Background |  |
| **MIXED:** |  | **ASIAN OR ASIAN BRITISH:** |  |
| White and Black Caribbean |  | Indian |  |
| White and Black African |  | Pakistani |  |
| White and Asian |  | Bangladeshi |  |
| Any other Mixed Background |  | Any Other Asian Background |  |
| **OTHER ETHNIC GROUPS:** |  |  |  |
| Chinese |  | Prefer not to say |  |
| Any Other Ethnic Groups |  |  |  |

**DISABILITY:**

**The disability discrimination act defines disability as ‘a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities’.**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you consider yourself  to have a disability? | Yes | No | Prefer not to say |

**AGE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please choose one of the options below:** | | | | |
| Age Groups | 16 – 17 | 18 – 24 | 25 – 44 | Prefer not to say |
| 45 – 54 | 55 – 64 | 65 + |

**RELIGION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I would describe my religion as the following (please indicate one):** | | | | |
| None | Christian | Buddhist | Hindu | Muslim |
| Sikh | Jewish | Other (please specify): | | Prefer not to say |

**GENDER AND SEXUAL ORIENTATION:**

Answering this question will help us to monitor our recruitment practices and recognise the diversity needs of our volunteers. However, we understand that how people define their sexual and/or gender orientation is a personal choice and understand if you prefer not to respond to this question.

|  |  |  |
| --- | --- | --- |
| **I would describe myself as the following (please indicate one):** | | |
| Female | Male | Transgender |

|  |  |  |
| --- | --- | --- |
| **I would describe myself as the following (please indicate one):** | | |
| Heterosexual | Homosexual | Lesbian |
| Bisexual | Other | Prefer not to say |

**EMPLOYMENT:**

|  |  |  |
| --- | --- | --- |
| **Employment Status:** | | |
| Employed Full Time | Employed Part Time | Retired |
| Self Employed | Unemployed | Prefer not to say |