

THE COACH HOUSE TRUST APPLICATION PACK

This information is gathered to ensure the safety and well-being of all who attend and ensure we meet funding requirements. All information gathered is handled according to the Data Protection Act (1998) and subject to the confidentiality procedures of the Coach House Trust.

PERSONAL DETAILS

Name:

Address:

Post Code:

Telephone Number:

Mobile Number:

Date of Birth:

NI Number:

(This is needed for our funders)

Emergency Contact/Support

Name:

Address:

Telephone Number:

Mobile Number:

Support workers:

Name:

Job Title e.g. CPN:

Organisation:

Email address:

GP:

Name:

Address

Telephone Number:

Telephone Number:

Other agencies or projects you attend:



84 Belmont Lane, Kelvinside, Glasgow, G12 8EN
Phone: 0141 334 6888
Email: info@thecht.co.uk

Please tick any of these that apply to you:

<input type="checkbox"/>	Mental health problem	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Asylum seeker
<input type="checkbox"/>	Physical disability/Health problem	<input type="checkbox"/>	Refugee

Please provide details of above & any confirmed diagnosis:

What (if any) prescribed medications are you taking?

Do you have a history of self-harm? If yes please give details:

Have you been convicted of a criminal offence? s **No**

If yes, please give details in the additional information section at end of form.

Do you have a history of alcohol or substance misuse? **Yes** **No**

If yes please give details of treatment plans or support if any.

Date of last relapse: _____



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PREVIOUS WORK EXPERIENCE, SKILLS AND QUALIFICATIONS

Employment status

- Never had paid employment Working – Number of hours ____
- Previously worked. Please give last date worked _____

What skills and qualifications do you have?

Foundation standard grades/access level 1 or 2	Higher/Advanced Higher
Intermediate 1/general standard grade	HND/Ordinary degree/Honours degree
Intermediate 2/credit standard grade	None

Details of relevant previous paid or unpaid work, training or skills you have:

Have you ever served in any of HM Armed Forces? Yes No

If yes, please provide details:

What would you like to achieve at The Coach House and which workshops interest you most?

Days able to attend -

Day	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		



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Do you have a self-directed support budget **Y** **No**

If you receive benefits please list these e.g. DLA, Employment and Support Allowance, JSA:

Additional information/support needs e.g. dyslexia

I want to apply to join The Coach House Trust

Name:

Signature:

Date:

PERMISSION TO REQUEST INFORMATION

I agree to information relevant to my application to attend The Coach House Trust to be given to The Coach House to assess my suitability to attend and support needs I may have.

Signature:

Name:

Date:

Please give this next section to the person who referred you to fill out. If you did not find out about us from an agency then please give to a relevant person or your GP.

Relevant people: community psychiatric nurse (CPN), occupational therapist (OT), support worker, psychiatrist/psychologist, addiction worker.



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TO BE COMPLETED BY REFERRER/RELEVANT PERSON

Name of person being referred:

Referrer Name:

Job Title (e.g. CPN):

Organisation:

Address:

Telephone Number:

Email address:

I would like to be added to the newsletter e-mailing list: **Yes** **No**

Please give details of any diagnoses or health conditions of the person referred:

(Referrers please continue to fill out next page)

TO BE COMPLETED BY REFERRER/RELEVANT PERSON



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We want the Coach House Trust to be a safe and supportive environment for everyone who attends. Please detail any health and safety concerns regarding the person you are referring?

From time to time we may work at different sites, such as Housing Associations, Schools etc. Do you have any concerns regarding this? If so please detail

Please detail any support needs of the person you are referring?

Will you continue to provide support to this person if we accept this referral?

- Yes No Only in the short term

Name

Position

Signature

Date

Organisation stamp

Please return completed forms to:

Hazel Robinson, The Coach House Trust, 84 Belmont Lane, Glasgow G12 8EN



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EQUALITIES MONITORING INFORMATION

This information is asked for our funding requirements and also to ensure our intake of participants reflect the communities we work in.

What is your ethnic group? Choose ONE section from A to E, then tick one option which best describes your ethnic group or background.

A White

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> English |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Gypsy Traveller | <input type="checkbox"/> Other_____ |

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in -

C Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
 Indian, Indian Scottish or Indian British
 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
 Chinese, Chinese Scottish or Chinese British
Other_____

D African, Caribbean or Black

- African, African Scottish or African British
 Caribbean, Caribbean Scottish or Caribbean British
 Black, Black Scottish or Black British
Other_____

E Other ethnic group

- Arab
Other_____

What religion, religious denomination or body do you belong to?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Church of Scotland |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Other Christian |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Humanist | Another religion_____ |

What is your gender? Male Female Transgender

What is your sexual orientation? _____

ADDITIONAL INFORMATION



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CRIMINAL CONVICTIONS

Please give details below including date and nature of offence. This space can also be used to briefly explain circumstances surrounding offences.

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