|  |  |  |
| --- | --- | --- |
|  | **CLIENT DETAILS** | **EMERGENCY CONTACT DETAILS** |
| Name & relationship |  |  |
| Address |  |  |
| Postcode |  |  |
| Borough |  |  |
| Email |  |  |
| Telephone |  |  |
| Mobile |  |  |
| Date of birth |  |  |

|  |
| --- |
| **GP DETAILS** |
| GP name |  |
| Practice/surgery |  |
| Telephone |  |
| **HOSPITAL DETAILS** |
| Date of injury |  |
| Type of injury |  |
| Time in hospital |  |
| Name of hospital |  |
| Consultant name |  |

|  |  |  |
| --- | --- | --- |
| **HEALTH ISSUES / RISKS** | **Tick if present** | **Please give more details** |
| Allergies |  |  |
| Seizures/faints |  |  |
| Diabetes +/- insulin use |  |  |
| Heart disease |  |  |
| Cancer |  |  |
| Hearing/visual impairment |  |  |
| Reduced mobility |  |  |
| Drug/alcohol dependence |  |  |
| Self harm/suicidal thoughts |  |  |
| Harm to others |  |  |
| Anything else? |  |  |

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| --- |
| **How does your brain injury affect you?** |
|  |
| **How will you be travelling to services? Will you be travelling independently or with a carer? (Please note we are unable to provide transport to the support groups)** |
|  |
| **What are you hoping to get out of the support group?** |
|  |
| **Are you caring for someone at the moment?** |
|  |

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| **SUPPORT GROUPS (please note you may only tick one option)** |
| **Romford Support Group** |  |
| **Hackney Support Group** |  |

Both of our support groups run once a month on a Friday. Specific details of meeting timings and locations will be given upon induction to the relevant group. To be eligible for any of our services, you must reside with our catchment area, this includes the following London boroughs: Enfield, Haringey, Camden, Islington, Hackney, Westminster, Tower Hamlets, City, Waltham Forest, Newham, Redbridge, Barking and Dagenham, Havering.

**AGREEMENT TO CONFIDENTIALITY PRINCIPLES**

The Headway East London Support Groups are confidential spaces. This means that personal information and stories that are shared in a support group should not be discussed outside of the group. The groups are safe spaces for people to discuss their lived experience as brain injury survivors/family/carers and keeping this confidentiality is important for people can feel safe sharing their stories, thoughts and feelings.

Headway staff will also adhere to this principle of confidentiality. The one exception is if it is thought that someone’s safety is at risk. In this case, it may be that Headway staff will need to pass on information about members of a group to the relevant parties/authorities. Wherever possible we will ask your permission to pass information on. All information will be held in the strictest confidence and will only be available to staff and volunteers on a 'need to know' basis. Personal details may also be stored onto a secure, Data Protection-compliant database.

 **I understand and agree to the support group confidentiality principles outlined above\***

|  |  |
| --- | --- |
| Member signature |  |
| Printed name of member |  |
| Date |  |

 **\*What happens with your data?** We will hold this information for up to 6 years' from the date you are discharged from our service before archiving/deleting this (archived information will only hold non-identifiable information).

**AGREEMENT TO HEADWAY EAST LONDON RULES**

I agree to adhere to Headway East London rules as follows: No aggressive behaviour, offensive/discriminatory language, or illegal activities will be tolerated. No weapons of any kind will be tolerated. No sexual behaviour will be tolerated. Please do not take photos/videos/audio recordings of others without their consent. Please do not attend if you are under the influence of alcohol or any other recreational drugs.

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| --- | --- |
| Member signature |  |
| Printed name of member |  |
| Date |  |

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| **PLEASE ATTACH EVIDENCE OF BRAIN INJURY TO THIS FORM – Examples of this include a hospital discharge report, therapy/rehabilitation report, GP record summary, social services assessment etc.** If you are a carer, please attach evidence from your loved one. |