|  |
| --- |
| **OUR SERVICES (please read):**  We are a small team providing free advocacy, support and signposting – we call this **casework**. We also run several recurring groups for brain injury survivors and their carers/family members.  **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.  Please note that we cannot provide transport to our services but we will support with planning your route if needed. |

|  |  |  |
| --- | --- | --- |
|  | **MEMBER DETAILS** | **EMERGENCY CONTACT DETAILS** |
| Name (and relationship) |  |  |
| Address |  |  |
| Postcode |  |  |
| Borough |  |  |
| Email |  |  |
| Contact number |  |  |
| Date of birth |  | (Not required from emergency contact) |

|  |  |
| --- | --- |
| **GP DETAILS** | |
| GP name |  |
| Practice/surgery |  |
| Telephone |  |
| **HOSPITAL DETAILS** | |
| Date of injury |  |
| Type of injury |  |
| 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 |  |  |
| Mental health difficulties |  |  |
| Anything else? |  |  |

|  |
| --- |
| **How does your brain injury affect you?** |
|  |
| **What are you hoping to get out of our services?** |
|  |

**If you would like casework support and don’t feel that any of our groups are for you, please \*skip to the agreement to Headway East London rules section on page 3.**

|  |  |
| --- | --- |
| **SUPPORT GROUPS (please note you may only tick one option and meditation group)** | |
| **Romford Support Group** (monthly on a Friday) |  |
| **Hackney Support Group** (monthly on a Friday) | Currently closed for new referrals, please sign up to our mailing list to hear when it is open to referrals again. |
| **Saturday Social** (monthly on a Saturday) |  |
| **MEDITATION GROUP** (weekly on a Tuesday)  You may join our weekly meditation group AND one of the support groups. (Tick if interested): |  |

Specific details of meeting timings and locations will be given upon induction to the relevant group. Unfortunately, we do have waiting lists in operation for our groups and are unable to give a timeframe for how long you could wait.

**AGREEMENT TO CONFIDENTIALITY PRINCIPLES**

The Headway East London Support Groups and Saturday Social are confidential spaces. This means that personal information shared in a 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 to 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 relevant parties/authorities. Wherever possible, permission will be sought before sharing information, however there may be instances where this is not possible.

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

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

**\*Skip here if you don’t want to join a group:**

**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.

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

**CONSENT TO SHARE INFORMATION**

To help Headway East London support you more effectively, we may be required to provide information to and receive information from other parties involved in supporting you. 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.

* You can withdraw consent at any time by contacting us to request this.
* If we do not have your consent to store and process your personal data, we may not be able to support you in the best way, or at all. We will talk to you about this.
* You can request to see the personal data we hold about you at any time by contacting us to request this.

I consent to Headway East London storing and processing my personal data to assist with my support:

|  |  |
| --- | --- |
| Member signature (please state if you are a carer/family member) |  |
| 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). You can withdraw consent at any time by explicitly (clearly and definitely) communicating this with HEL. Withdrawal of consent may affect our ability to make contact with third parties regarding your support.

|  |
| --- |
| **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/family member, please attach evidence from your loved one. |