



## How to apply to become a member

If you have visited Enfield Clubhouse already and you want to apply to become a member, please complete the enclosed application form.

You will need to ask your Care Co-ordinator – your Social Worker or Community Psychiatric Nurse (CPN) – to counter-sign on the last page and then return it to us in an envelope marked Private & Confidential.

Completed applications should be returned to:

Enfield Clubhouse  
41 Ridge Avenue  
Winchmore Hill  
London  
N21 2RJ

When we receive your completed application form, we will invite you to attend an informal interview where we will ask you a few questions about your application. You may also wish to ask us some questions about Clubhouse.

At the end of the meeting, which generally will take 10 minutes to half an hour, if you still want to join and we think you will benefit from becoming a member we will agree with you a start date.

Your completed application form will be kept in a locked filing cabinet and you will have access to it on request. Only Clubhouse staff will have access to your application form and the data on the form will be entered into our secure, password-protected database for monitoring and reporting purposes only.

By signing this application form you agree to your information being used in this way.

**Contact Details**

Title (Mr/Mrs/Miss/Ms/Dr)	
First Name	
Surname	
Preferred Name	
Address line 1	
Address line 2	
Address line 3	
County	
Postcode	
Email	
Home Phone	
Mobile	
Website	
Contact preferences	

**Equal Opportunities Monitoring**

This information will be treated in strict confidence and will be used only to monitor our Equal Opportunities Policy and to provide generalised and non-identifiable information for reporting purposes.

If you do not feel comfortable giving any or all of this information, you do not have to and it will not affect your application. Any information you can give, however, will help us to gain funding to develop the Clubhouse to provide a better service for everyone.

**Ethnicity** (please tick or cross which best describes how you describe your ethnic origin)

Asian		Not willing to say	
Asian British		Other Asian	
Bangladeshi		Other ethnic group	
Black African		Pakistani	
Black British		Unknown	
Black British other		White British	
Black British: African		White British-Spanish	
Black British: Caribbean		White European	
Black Caribbean		White Greek Cypriot	
Chinese		White Irish	
Indian		White Other	
Mixed Race British		White Turkish-Cypriot	
Mixed White & Asian		Mixed Race British	
Mixed White & Black African			
Mixed White & Black Caribbean			

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**Personal information**

<b>Gender</b> (please tick or cross)	Male	Female	Transgender
<b>Date of birth</b> (dd/mm/yyyy)	Day	Month	Year
<b>Religion</b>			
<b>Disability</b> (please tick or cross)	Mental Health	Physical Health	Unknown
<b>Language</b> (e.g., English)			
<b>Sexuality</b> (e.g., gay, straight etc.)			
<b>ESOL</b> (is English your first or natural language?)			
<b>Other communication needs</b> (e.g., reading, writing, seeing, hearing)			

**Application details – you must answer all the questions on this page**

Date of Application (dd/mm/yyyy)	
History of violent or aggressive behaviour (yes or no)	
Note on behaviour (to be completed by Enfield Clubhouse staff)	
Risk assessment (to be completed by Enfield Clubhouse staff)	
Care Co-ordinator	
CMHT	
Funding source (to be completed by Enfield Clubhouse staff)	
On CPA (Enhanced, Standard or none)	
Symptoms of illness or relapse	
Coping strategies	
Medications	
General notes (are there any things you want to add or any other health conditions we need to be aware of – e.g., epilepsy, diabetes, allergies?)	
Mental Health diagnosis	

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**Family relationships**

**Please let us know the name of someone we can contact in an emergency or if we are unable to contact you in any other way. This could be a family member, carer or a friend.**

Title (Mr/Mrs/Miss/Ms/Dr)	
First Name	
Surname	
Relationship to you (e.g., friend, family member or carer)	
Address line 1	
Address line 2	
Address line 3	
County	
Postcode	
Email	
Home Phone	
Mobile	

**Personal circumstances – work history**

**This information will help us to offer you the right kind of support and to measure any progress you make.**

<b>When did you last do any paid or voluntary work?</b>	
Currently working	
Last employed - less than 6 months ago	
Last employed - 6-12 months ago	
Last employed - 1-3 years ago	
Last employed - more than 3 years ago	
Never worked before	

<b>How would you describe your level of skill to do this work?</b>	
Unskilled worker	
Semi-skilled worker	
Skilled worker	

<b>How would you describe the work you do or did?</b>	
Full-time	
Part-time	
Permanent	
Self-employed	
Sheltered or therapeutic work	
Unpaid or Voluntary	
Youth training scheme	

<b>If it is or was paid work, what's the rate of pay?</b>	
Less than about £10,000 a year (or £200 a week, or £800 a month)	
Between about £10-15,000 a year (or £2-300 a week, or £800-1,200 a month)	
Between about £15-20,000 a year (or £3-400 a week, or £1,200-1,600 a month)	
More than about £20,000 a year (or £400 a week, or £1,600 a month)	



**Personal circumstances – education and accommodation**

**This information will help us to offer you the right kind of support and to measure any progress you make.**

<b>What qualifications have you achieved?</b>	
None	
Less than 5 GCSEs and/or 'O' Levels at grade C or above	
5 or more GCSEs and/or 'O' Levels at grade C or above	
NVQ Level 3 or 'A' Levels	
Degree or HND or NVQ Level 4	
Masters Degree or NVQ Level 5 or above	
Other (please specify)	

<b>What kind of housing do you currently live in?</b>	
Rented – Council	
Rented - Housing Association	
Rented – Private	
Rented - Shared/Group Home	
Home Owner	
Family Home	
Other (please specify)	

<b>Who do you live with?</b>	
Alone	
With Parents / Family	
With Partner	
With Flatmate(s)	
As part of a Group	
Other (please specify)	

**Personal circumstances - goals and interests**

**This information will help us to offer you the right kind of support and to measure any progress you make.**

<b>Health and fitness</b>	
Height	
Weight	
Would you like help to lose weight?	
Do you drink alcohol?	
Would you like help to cut down or stop?	
Do you smoke tobacco or cigarettes?	
Would you like help to cut down or stop?	
Do you take street drugs such as cannabis?	
Would you like help to cut down or stop?	

<b>Social and leisure activities</b>	
What activities are you involved in now? (Please state what and how often)	
Are there any activities you would like to get involved in? (Please state what and how often)	

<b>Education and learning new skills</b>	
What activities are you involved in now? (Please state what and how often)	
Are there any activities you would like to get involved in? (Please state what and how often)	

<b>Employment and volunteering</b>	
What kind of work would you like to do?	
How many hours would you like to work?	
What kind of help or support do you think you would need in order to work?	
How much do you want to get paid?	
Would you like help to find out what your options are?	

Would you like advice about work and benefits?

**Signed Declaration**

Thank you for taking the time to answer the questions in this form

Please sign and date below to confirm that all the information you have provided is true and correct. If you are completing this form electronically we will ask for your signature at the interview.

<b>Applicant's Signature</b>	
<b>Care Co-ordinator's Signature</b>	