Client Registration Form

"Let each of us look not only to our own interests but also to the interests of others"

To register as a member of the Ely Centre you must be classified as a Victim of the 'Troubles 'according to the NI Victims & Survivors Order 2006. Members can identify with one of the following categories: Bereaved, physically injured, psychologically injured or be a Carer for someone who has been directly affected.

PERSONAL INFORMATION

Please complete the following form in full. The information you provide will be used exclusively for Ely Centre communications and strategy and will not be passed on to any third parties.

Title________ First Name________________________ Last Name______________________

Date of Birth________________ Gender: M F Mothers Maiden Name __________________

Home Phone_______________________ Mobile Phone________________________________

Address____

____ Post Code_____________________

(IMPORTANT) If you have an email address the Ely Centre will increasingly aim to communicate with you via this method. Please ensure that you provide us with your correct email address and that you check it regularly.

Email____

Do you want to be added to the Ely Centre Whats App Group Yes ○ No ○

Do you want to be added to Newsletter email list? Yes ○ No ○

Ethnic Group_______________________ Religion______________________________________

Relationship Status: Single ○ Married ○ Widowed ○ Divorced ○ Co-Habiting ○
Separated ○ Civil Partnership ○

Employment Status: Employed Full Time ○ Employed Part Time ○ Unemployed ○
Student ○ Retired ○ In Training ○
Unable to work due to poor health/ injury ○ Self Employed ○

ELIGIBILITY

Please indicate which category of Eligibility you fall under: (you may tick more than one option)

- Bereaved
- Psychologically Injured
- Physically Injured
- Family of Victim
- Current PSNI
- Current RIR
- Armed Forces
- Carer of Victim
- Ex RUC
- Ex UDR
- Other Please State Below:

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Please provide SPECIFIC details on how you have suffered as a result of the N.I 'Troubles'

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Service Numbers if Applicable

RUC/PSNI Service Number: ______________________________

UDR/RIR Service Number: ______________________________

Armed Forces Service Number: ______________________________

Are you currently receiving help from any other victim support organization? Yes No
If yes, please give name of organization and brief details.

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SERVICE DETAILS

Please indicate which of the following services you are interested in:

- Befriending Home Visits / Transportation
- Carers Support
- Coffee Mornings
- Complementary Therapies
- Cultural Events
- Individual Needs Assessment
  (For help with disability aids,
  Educational/training persistent pain
  Management etc. strict criteria applies)
- Welfare
- Health & Fitness classes
- Poppies and Pins weekly craft group
- Respite Trips
- Sports Trips
- Psychological Therapies
- Recreational Courses

Are you a trained befriender? Yes No
Are you interested in becoming a befriender or Volunteer? Yes No
Have you ever had an individual needs review from Victims and Survivors Service? Yes No
In the past have you ever availed of assistance from the N.I Memorial Fund? Yes No

EMERGENCY CONTACT DETAILS

Name______________________________

Relationship______________________________

Telephone______________________________

G.P DETAILS

Name______________________________

Practice ______________________________

Telephone______________________________

List any medication and allergies including food allergies: ______________________________

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Do you consider yourself to have a disability? Yes ○ No ○ If yes please give details

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ONLY COMPLETE IF INTERESTED IN PSYCHOLOGICAL THERAPIES AND/OR COMPLEMENTARY THERAPIES

Reason (s) for Referral: Low Mood/Depression ○ Anxiety ○ PTSD ○ Stress and Tension ○

Pain ○ Loneliness ○ Confidence Building ○ Relaxation ○

Insomnia ○ Bereavement ○ Other ○ Please Specify____________________

Would you prefer a face to face or telephone assessment Face to Face ○ Telephone ○

REFERRER DETAILS

Who referred you to the Ely Centre?

Self-Referral ○

Victims Survivors Service ○

UDR Aftercare ○

G.P ○

Other Victims Group ○

Current Ely Centre Member/Staff ○

P.R.R.T ○

Counsellor ○

Other ○ Please specify:

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DECLARATIONS

Client Signature ______________________ Date ______________________

Data Protection Form Completed? Yes ○ No ○

OFFICE USE ONLY

ACTION TAKEN:

Added to YEL ○ (MANDATORY)

Added to Coffee morning texting list ○

Added to Whats App Group ○

Added to newsletter email distribution list ○

Given copy of Current Ely Newsletter ○

Referred to Health & Wellbeing Officer for follow-up assessment ○

Referred to Befriending Co-Ordinator ○

Referred to Welfare/Veterans Officer ○

Other ○ ______________________

NOTES______________________

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Ely Staff Signature ______________________

Date Logged______________________