

Suaimhneas Clubhouse HSE/EVE Application Form for Membership



Note:

- **To become a member one must:**
Have a primary diagnosis of mental ill health
Be aged over 18 years
Have access to support from an appropriate mental health professional
Be free from alcohol and drug misuse
Be willing and able to part in the daily activities of the Clubhouse
At the time of application, be free from acute mental distress
Be living in the community, or if in hospital, have a definite discharge plan
- To be completed by the person applying for membership **in conjunction** with their relevant mental health professional e.g. Psychiatrist, Community Mental Health Nurse, Social Worker etc. Disclosure of sensitive information does not necessarily mean that you / the applicant will not be eligible for membership
- For ease of reading, please fill in this form using BLOCK LETTERS
- All sections of this form and any additional information required must be completed / submitted before it can be processed
- It is **strongly recommended** that potential members visit the Clubhouse for a guided tour and explanation of the model prior to applying for membership
- Clubhouse has control over its acceptance of new members

Personal Details

Mr / Mrs / Ms (Please circle one)

Name: _____

Address: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Mobile Number: _____

P.P.S. Number:

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Medical Card Number:

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What Clinic / Service are you in contact with?

Address: _____

Phone Number: _____

Who is your Consultant / G.P.?

Who is your Key-Worker (e.g. Community Mental Health Nurse, Social Worker etc.)

Psychiatric Diagnosis

Name of Kin or person to contact in case of an emergency:

Name: _____

Address: _____

Phone Number: _____

Is there any additional information / medical condition pertinent to this application:

Personal Details (contd.)

This section of the application form must be completed in full by the appropriate mental health professional

| Does this person have a history of: | Yes | No |
|-------------------------------------|--------------------------|--------------------------|
| Fire Setting | <input type="checkbox"/> | <input type="checkbox"/> |
| Inappropriate Sexual Behaviour | <input type="checkbox"/> | <input type="checkbox"/> |
| Suicidal Behaviour | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol / Drug Misuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Aggressive / Violent Behaviour | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal Record | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please provide specific details:

Signature of Referrer: _____ Date: _____

(Print Name)

Personal Needs

Why do you want to become a member of the Clubhouse?

Do you currently have any hopes or dreams from the future? (Please describe)

Have you ever attended any other EVE services? (If so, where?)

Authorisation

I wish to apply to Clubhouse for membership and give permission that relevant information / reports may be requested for this purpose. I also authorise the storage of such and / or reports on a computer database and / or manual filing system to be maintained by the Clubhouse on the basis that it will be stored in accordance with the General Data Protection Regulation (GDPR) which came into effect in May 2018.

Signed: _____

Date: _____

For office use only

Date of initial visit: ____ / ____ / ____ Date completed form received: ____ / ____ / ____ Tour given by: _____

Confirmation:

Date: ____ / ____ / ____ Time: _____ Referrer: _____ Staff Member: _____

Issues Arising: Yes No Outcome: Offered Declined Deferred

Date of Orientation: ____ / ____ / ____ to ____ / ____ / ____ Completed: Yes No

A.O.B. _____

Please return your completed application form to:

Membership Department, Suaimhneas Clubhouse HSE/EVE, 2nd Floor, River House, Raheny Shopping Centre, Howth Road, Raheny, Dublin 5.

Telephone: 01 921 26 20

Email: suaimhneasclubhouse.eve@hse.ie

Website: www.eve.ie

Blog: <http://suaimhneasclubhouse.wordpress.com>