

# REUBEN'S RETREAT S1 SUPPORT FORM

A place to relax, recharge, remember and rebuild...



Reuben's Retreat supports families of children with life-limiting or life threatening conditions and families bereaved of a child. The types of support we provide includes 1-1 counselling, support groups and fun/therapeutic activities. We can also provide short breaks or day trips for families (please refer to the Breaks section on our website for details). Please complete the information below in full to apply for support.

Full name:			
Address & postcode:			
Daytime contact no.:		Evening contact no.:	
Mobile no.:			
Email address:			
Date of birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
How would you prefer us to contact you?	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone	<input type="checkbox"/> Text message <input type="checkbox"/> Post

Which areas of support are you interested in? (Please tick all that apply):	
For families of a child with life-limiting or life threatening illness or disability:	<input type="checkbox"/> Counselling for individual family members <input type="checkbox"/> Counselling for the whole family (Mums, Dads and siblings) <input type="checkbox"/> Therapeutic opportunities <input type="checkbox"/> Activities <input type="checkbox"/> Support groups <input type="checkbox"/> Hydrotherapy pool
For families bereaved of a child:	<input type="checkbox"/> Counselling support for the family (Mums, Dads and siblings) <input type="checkbox"/> Counselling support for individual family members <input type="checkbox"/> Therapeutic opportunities <input type="checkbox"/> Activities <input type="checkbox"/> Support groups <input type="checkbox"/> Books (for children or adults)

Please provide the details of your Doctor (GP) for us to seek a referral:	
Doctor's name:	
Medical practice name:	
Medical practice address:	
Postcode:	Telephone no.:

Are you receiving any support similar to that offered by Reuben's Retreat?  Yes  No

## General Data Protection Regulations

The personal information you provide will be kept secure and only used by senior personnel to support the delivery of our charitable activities. Reuben's Retreat may be required to share some of the non-identifying information where relevant and appropriate to the bodies responsible for regulating and/or funding Reuben's Retreat. You can ask for your personal information to be removed from our records at any time however there are limitations on this, such as where we must retain the data for legal or regulatory purposes.

## What happens next?

First we'll confirm we have received your form and then we will write to you Doctor (GP). Once we have received their response we will be in touch with you to discuss the support we can provide. If you have any queries regarding completing this form or the next steps, please contact us on 01457 680 023.

## Declaration

I declare that the information I have given in this application form are correct and to the best of my knowledge.

Signature:..... Date: .....

Please return your completed application form to:  
 Nicola Graham, Reuben's Retreat, Park Crescent, Glossop SK13 7BQ  
 Alternatively you can email your completed application to [support@reubensretreat.org](mailto:support@reubensretreat.org)

FOR OFFICIAL USE ONLY			
Internal reference:	Date S1 received:	Date logged:	

# EQUALITY & DIVERSITY MONITORING



Reuben's Retreat recognises the benefits of a diverse community of beneficiaries, volunteers, staff and supporters, and we are committed to being an inclusive organisation where everyone is treated with respect, dignity and where there is equal opportunity for all. Whilst we ask you complete the following information you are not obliged to do so and the answers you do provide will be treated anonymous and stored confidentially and securely.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Rather not say				
Age:	<input type="checkbox"/> Under 25	<input type="checkbox"/> 26-35	<input type="checkbox"/> 36-45	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56-65	<input type="checkbox"/> 66 or over	<input type="checkbox"/> Rather not say
Please state what you consider your ethnic origin to be: <i>Ethnicity is distinct from nationality and the categories below are based on the 2001 Census</i>							
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other _____				
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other _____					
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other _____						
<input type="checkbox"/> White & black Caribbean	<input type="checkbox"/> White & black African	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other _____				
<input type="checkbox"/> English	<input type="checkbox"/> Irish	<input type="checkbox"/> Scottish	<input type="checkbox"/> Welsh	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Rather not say							
Faith: <i>Which group below do you most identify with?</i>							
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish				
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Rather not say	<input type="checkbox"/> Other _____				
Do you consider yourself to have a disability?: <i>The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities.</i>							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say							
Would you consider yourself to be:							
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Rather not say			
Are you currently:							
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full-time parent or carer	<input type="checkbox"/> Retired	<input type="checkbox"/> Student/Adult student	<input type="checkbox"/> Rather not say		
How many children (aged 16 or under) do you have living in your household?:							
What are the first 3 digits of your postcode?:							

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