

REUBEN'S RETREAT SUPPORT FORM

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



For families who are bereaved of a child:

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

Which areas of support are you interested in? (Please tick all that apply):			
<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:			
Email address:			
Medical practice address:			
Postcode:		Telephone 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.

Explicit Consent (GDPR) to capture, store and use data	<input type="checkbox"/>	Consent to Receive:	
Explicit Consent to share data (GDPR) with 3rd parties (For GP referral and funding applications)	<input type="checkbox"/>	Email	<input type="checkbox"/>
Explicit Consent from Parent/Guardian of Child (GDPR)	<input type="checkbox"/>	Telephone/leave message	<input type="checkbox"/>
Explicit Consent to use media data (photo, video etc.) for media (Facebook, website, RR printed literature etc.)	<input type="checkbox"/>	SMS	<input type="checkbox"/>
		Correspondence	<input type="checkbox"/>

Declaration

I declare that the information I have given in this application form are correct and to the best of my knowledge, and that Reuben's Retreat may request a GP referral on my behalf:

 X

Date:



Are you receiving any support similar to that offered by Reuben's Retreat?

- Yes No

Please provide details:

Where did you hear about Reuben's Retreat?

.....

Child's Details			
Childs Name:		Gender:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Date of Birth:		Date passed:	
Please tell us a little more about your child			

Do you or your family require any disability support services?

- Feeding Support Mobility Support Wheelchair
 Hearing impairment Oxygen
 Hoist Visual Impairment

Are social care involved in your family? Please provide details:

For office use only:

Referred by:		Referral Date:	
Referral Method:			

FAMILY SUPPORT



FAMILY SUPPORT REQUIREMENTS	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3	FAMILY MEMBER 4
Full Name:				
Date of Birth:				
Gender:				
Ethnicity:				
Any dietary requirements or allergies?				
Relationship to Lead Person:				
Is address same as lead? If no please specify.....				
Are GP details same as Lead? If not please specify.....				
Are they currently receiving any support from GP or other agencies?				
Are there any behavioural, drug or alcohol problems?				
Are there any mental health problems?				
Are they a risk to themselves or staff?				
Additional notes:				

EQUALITY & DIVERSITY MONITORING



Reuben's Retreat recognises the benefits of a diverse community of beneficiaries, volunteers, staff and supporters, and we are committed to be an inclusive organisation where everyone is treated with respect, dignity and where there is equal opportunity for all.

Do you want to tell us what gender you identify with?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Rather not say
Age:	<input type="checkbox"/> 25 and under <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 tick the box that best describes your ethnic background:	
<input type="checkbox"/> Arabic or Arabic British <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Chinese <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Other <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - Other <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White Black Caribbean <input type="checkbox"/> Mixed - Other <input type="checkbox"/> White - British <input type="checkbox"/> White - Gypsy or Irish Traveller <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Other <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/> Prefer not to 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"/> Jehovah's Witness <input type="checkbox"/> Non Religious <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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say	
Do you want to tell us your sexuality?	
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Don't know <input type="checkbox"/> Rather not say <input type="checkbox"/> Other	
Are you currently:	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <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?	