**YOUR DETAILS**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Date Of Birth** |  | **Telephone Number** |  |
| **Email Address** |  |
| **Is it safe to contact you?****We mainly use email for course communications please advise if this is not suitable for you or your preferred method of contact** | By post Y/N email Y/N call Y/N text Y/N |
| **Are there any communication barriers for you participating ?** | (e.g. language) No |
| **Do you have a preference for online or in person?** | Online In person (Aberdeen only) |
| **Are you applying for a specific advertised course? Please state** |  |
| **Children** |  Please give names & date of birth of any children who stay with youDo you have to arrange childcare in order to attend a group? |

**RELATIONSHIP STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| **I am in an abusive relationship** | Yes/No | If yes, do you live together? | Yes/No |
| **How long is it since you separated from your abusive partner?**  |  |
| Please give very brief details of any mental health diagnosis and state if you are currently receiving any psychological treatment or counselling? |  |

**ONLINE ACCESS-** please complete if you are applying for online group (or if you are not sure)

|  |  |
| --- | --- |
| **Do you have access to a computer, laptop or tablet device?** |  |
| **If not do you have a smart phone?** |  |
| **Do you have access to good quality wi-fi?** |  |
| **Do have access to a quiet private space to able to attend group confidentially?** |  |

**GETTING TO GROUP-** @ The Gatehouse, Aberdeen

|  |  |  |
| --- | --- | --- |
| **I have my own transport** | Y/N | There is limited parking at The Gatehouse however there is nearby street parking |
| **Using public transport** | Y/N | There is a regular bus route nearby. We can help you plan your journey if necessary.Will you need help with this? Yes No Not sure |
| **Will you need help with cost of travel to the group?** | Y/N | Yes, it might be hard to afford to get thereNoUnsure |
| **Is there anything else that might make it difficult for you to get to group?** |  | No, as long as it is in school hours and public transport is running. |
| **Please note there is a flight of stairs up to our group room on the first floor.**  | Y/N | Please let us know if this is a barrier to attending the group.Fine with stairs, no issues.  |
| **\*Are you applying for an in-person group at another advertised location?**  | Y**/**N | Accessibility information will be provided on any alternative venues |

**COMMITMENT**

|  |  |
| --- | --- |
| Can you commit to attending every week for 12 weeks? |  |
| **Do you agree to keep discussions in group confidential?** |  |
| **Do you agree to ensure you are in a private space during group (online only)** |  |
| **PRINT NAME** |  |
| **Signed:** |   |
| **Date:** |  |