



Cairdeas Clubhouse

Application Form for Membership

Cairdeas Clubhouse EVE

Unit H

Solus Tower Industrial Estate

Bray, Co. Wicklow. A98YK30.

TEL: 01 2827951/ 086 392 2729

EMAIL: clubhousebray@eve.ie

BLOG: cairdeasclubhouse.wordpress.com/

Facebook: Cairdeas clubhouse

Note:

- **To become a member one must:**

- Have a primary diagnosis of mental ill health
- Be aged over 18
- Have access to support from an appropriate mental health professional
- Be free from alcohol and drug misuse
- Be willing and able to take part in the day to day activities of 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

- It is **strongly recommended** that potential members visit the Clubhouse for a tour and explanation of the model prior to applying for membership.

- To be completed by the person applying for membership **TOGETHER** 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.

- Please fill this form using **BLOCK LETTERS**.

- All sections of this form and any additional information required must be completed /submitted before it can be processed.

- Clubhouse has control over its acceptance of new members.

Personal Details																	
<p>Mr. / Mrs. / Ms. / Mx. (Please circle one)</p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Date of Birth: ____ / ____ / ____</p> <p>Phone No.: _____</p> <p>Mobile No.: _____</p> <p>P.P.S. No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Medical Card No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																	<p>What Clinic/Service are you in contact with? _____</p> <p>Address: _____ _____ _____</p> <p>Phone No.: _____</p> <p>Who is your consultant / G.P.? _____</p> <p>Who is your Key-worker (e.g. Community Mental Health Nurse, Social Worker etc.)? _____</p> <p>Mental Health Diagnosis: _____</p> <p>Is there any additional information/ medical condition pertinent to this application? _____ _____ _____</p>
<p>Next of Kin or person of contact in emergency:</p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Phone No.: _____</p>																	

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"/>
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 Clubhouse?

Do you currently have any hopes or dreams for 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 for relevant information/reports to be requested for this purpose. I also authorise the storage of such information 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 Data Protection Acts 1988 and 2003.

Signed: _____

Date: _____

For office use only

Date of initial visit: ____ / ____ / ____ Date completed form received: ____ / ____ / ____

Confirmation:

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

Issues arising: Yes No Outcome: Offered Declined Deferred

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

A.O.B. _____