

# Platinum Clubhouse – Eastern Vocational Enterprises Limited (EVE Ltd) Application Form for Membership



**Note:**

- **To become a member one must:**
  - Have a primary diagnosis of mental ill health
  - Be aged between 18 and 65 years
  - 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
- The person applying for membership should complete all relevant sections of the form and supply it to the club. The club will then pass it on to the person's relevant mental health professional e.g. Psychiatrist, Community Mental Health Nurse, Social Worker for final completion. Disclosure of sensitive information does not necessarily mean that you / the applicant will not be eligible for membership.
- For ease of reading, 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.
- 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 No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

P.P.S. No.: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Medical Card No.: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Next of Kin or person to contact in emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone No.: \_\_\_\_\_

What Clinic/Service are you in contact with?

\_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone No.: \_\_\_\_\_

Who is your Consultant / G.P.?

\_\_\_\_\_

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

\_\_\_\_\_

Psychiatric Diagnosis:

\_\_\_\_\_

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 Clubhouse?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever attended any other E.V.E. 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 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. \_\_\_\_\_