

# Conai 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
- To be completed by the person applying for membership **IN CONJUNCTION** with their relevant mental health professional e.g. Psychiatrist, Community Mental Health Nurse, Social Worker etc or 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.: 

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Medical Card No.: 

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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:

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Signature of Referrer: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ (Print Name)

### Personal Needs

Why do you want to become a member of Clubhouse?

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

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Have you ever attended any other E.V.E. services? (If so, where?)

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### 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. \_\_\_\_\_