|  |  |
| --- | --- |
| **Forename:** |  |
| **Surname:** |  |
| **Preferred pronouns:** **He/She/Them**  |  |
| **Date of birth:** |  | **Prefer not to say:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone/s:** |  |
| **Email *(we will contact via this method, unless specified otherwise*):** |  |

**How would you prefer to be contacted?** (Please insert tick below)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Email** |  | **Post** |  | **Telephone**  |  | **Text** |  |

**Are there any additional educational support needs you would like us to be aware of?**

(E.g. caring responsibilities, disabilities, dyslexia, other learning support needs etc.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physical** |  | **Sensory** |  | **Learning support needs e.g. Dyslexia** |  | **Learning disability** |  | **Other** |  |

**If you have selected any of the above, please provide details below.**

**\**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes**  |  | **No** |  |

**Are you working with a recovery team in the community (do you have a care coordinator?) or live in supported accommodation? Please tick the appropriate box.**

 **Person to contact in case of an emergency**

|  |  |
| --- | --- |
| **Name**  |  |
| **Contact Number**  |  |
| **Relationship to you** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes**  |  | **No** |  |

 **Would you like an Individual learning plan?**

 **(An individual learning plan will involve having a 1:1 session where we will go through short term and long term learning objectives and create ways to achieve these goals.)**

**List of courses you wish to enrol on:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1**

|  |
| --- |
| **Please tick the number that best describes how you have felt over the last week** |
|  |  | **Worst** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Best** |
| **1** | **The ability to approach problems in a variety of ways** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | **Self confidence** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | **Positive ways of relating to people** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | **The ability to question the way I look at things** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | **Ways of dealing with everyday life stresses** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | **Ways of dealing with a crisis** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | **Facing my own upsetting thoughts and feelings** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | **Peace of mind** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | **Understanding myself and my past** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** | **Understanding my experiences (beliefs, thoughts, voices and related feelings)** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** | **Positive ways of thinking** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Please fill out below on how you have felt over the past week** |
|  | **Disagree Strongly** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Agree Strongly** |
| **I am able to develop positive relationships with other people** |  |  |  |  |  |
| **I feel that my life has a purpose** |  |  |  |  |  |
| **I feel better about myself** |  |  |  |  |  |
| **I feel part of society rather than isolated** |  |  |  |  |  |
| **I am able to make sense of my distressing experiences** |  |  |  |  |  |
| **I am able to access independent support** |  |  |  |  |  |
| **Section 2****Please fill out below if you are a carer** |
| **I feel I know when others are becoming unwell** |  |  |  |  |  |
| **I feel I know how to help others in their recovery** |  |  |  |  |  |
| **Section 3****Please fill out below if you work in mental health services** |
| **I feel confident in my understanding of recovery** |  |  |  |  |  |
| **I feel I have the skills to support other in their recovery** |  |  |  |  |  |

**5 to thrive:**

|  |  |  |
| --- | --- | --- |
| **Connect with others – build stronger and closer relationships** | **Yes** | **No** |
| **Be Physically active – find an activity you enjoy and make it part of your life** | **Yes** | **No** |
| **Continue to learn – develop your knowledge and skills** | **Yes** | **No** |
| **Give to those around you- take part in social and community activities.** | **Yes** | **No** |
| **Be mindful – enjoy the moment and the environment around you.**  | **Yes** | **No** |

 **Sign: Date:**

**Thank you for completing this questionnaire. Your responses are kept entirely confidential and only retained for statistical purposes. Please send this form back to** **elft.cityandhackneyrc@nhs.net** **or**

**23 Primrose Square, Hackney London E9 7TS**