

# Participant Information Form



**Out of the Blue** seeks to enhance the wellbeing of people who experience concerns about their mental health through participation in creative activities. Fill in this form if you would like to participate in one of our activities, or if you want to refer someone else to our service.

## PART A

### Personal Information

First name			
Last name			
Home address			
	Postcode		
Home phone		Mobile phone	
E-mail address			
Date of Birth			

### Key Worker (e.g. Social Worker/CPN)

Key worker name			
Address			
Phone number			
Email			

### Emergency Contact Information

Emergency contact name			
Relationship			
Address			
Phone number(s)			

Please tick **Out of the Blue** activities you would like to attend

- Music group**  
  **Music studio**  
  **Dance group**  
  **Art group**  
  **Art studio**  
 **Digital Art**  
 **Creative Writing**  
 **Film & video**  
 **other** \_\_\_\_\_

- I have/have not\* been referred to **Out of the Blue** by my key worker/other\* \_\_\_\_\_ and have completed this form myself. (\*Please indicate as appropriate)  
 I have a Care Plan or Community Care Assessment  
 I am ex-services personnel  
 I am completing this form on behalf of another person; my details are in Part B overleaf.

**Date completed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

Please turn over ...

**Please also make sure you complete the monitoring form on the next page.**

## **PART B**

**Please complete the following if you are referring someone else to **Out of the Blue**:**

This form was completed by \_\_\_\_\_ (please print name)

Relationship to the person named in PART A \_\_\_\_\_

<b>Organisation</b>	
Address	Postcode
Phone number	
Email	

### **Referral Source (please indicate)**

- CMHT North Kirklees: Batley/Spenborough/NK AOT/NK Crisis Team
- CMHT South Kirklees: West/East/South/SK AOT/SK Crisis Team/Recovery Team
- GP: North Kirklees/South Kirklees/GP outside Kirklees
- Other Agency

**Please turn to the next page.**

**Please return to:**  
**Out of the Blue, c/o Hoot, Bates Mill, Milford Street, Huddersfield, HD1 3DX**  
For more information ring Hoot (01484 516 224) or AIM (01484 434 909).

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**For Office Use:**     PIF logged     Copied to AIM/HOOT/DIVA     Multiple Referral

# MONITORING FORM



Date Completed:.....

Which **Out of the Blue** activity do you go to?.....

(eg Express Yourself, Another Planet)

<b>1.</b>	<b>I am</b> (please circle one): Male    Female
<b>2.</b>	<b>I am aged</b> (please circle one): 18-24    25-34    35-44    45-54    55-64    65 and over
<b>3.</b>	<b>I am registered disabled?</b> (please circle one) Yes                    No                    would rather not say
<b>4.</b>	<b>I feel I have experienced problems with my mental health at some time in my life?</b> (please circle one)            Yes                    No                    would rather not say  <b>I have been diagnosed with a mental health problem at some time in my life?</b> (please circle one)            Yes                    No                    would rather not say
<b>5.</b>	<b>My ethnic background is</b> (please tick one): <input type="checkbox"/> White British <input type="checkbox"/> White Irish  <input type="checkbox"/> Any other White Background (please specify) .....
	<input type="checkbox"/> Mixed (White & Black Caribbean) <input type="checkbox"/> Mixed (White & Black African)  <input type="checkbox"/> Mixed (White and Asian)  <input type="checkbox"/> Any other Mixed Background (please specify) .....
	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Any other Asian Background (please specify) .....
	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black Background (please specify) .....
	<input type="checkbox"/> Chinese  <input type="checkbox"/> Any other background (please specify) .....

**Thank you for taking the time to complete this form.**