**Men2men Referral Form**

Confidential: This form will only be used by men2men to enrol you on the Workshops

|  |  |
| --- | --- |
| Referring Agency |  |
| Contact Name |  |
| Telephone Number |  |
| Email address |  |

**Clients Information**

|  |  |
| --- | --- |
| Name |  |
| Mobile Number |  |
| Landline Number |  |
| Email address |  |
| Town/Area |  |

|  |  |
| --- | --- |
| What hobbies interests do you have? |  |
| What activities are you interested in? |  |
| Which days are you available? |  |
| What other days/times would suit you? |  |
| Do you have transport to attend the groups? |  |
| Do you have any mobility issues we should know about |  |
| Have you got any other medical issues we should be aware of? |  |
| Have you got any special dietary requirements? |  |
| How did you hear about men2men |  |
| How do you hope attending our activites will benefit you and your life? |  |
| Can we contact you to talk through your needs and how our activities may help? | Yes/No  What day and time?  Can we leave a message on your answer machine if I don’t get you,  Yes/No? |
| Any other information you feel might be useful? |  |
| If you are agreeable please complete the equality and diversity form attached |  |

**This information will be kept on file by men2men and will not be disclosed to an external third party without your signed permission to disclose information.**

**PLEASE RETURN THIS FORM BY EMAIL TO:**

[**info@men2men.org.uk**](mailto:info@men2men.org.uk)

Please return the completed form to [add details].

**Gender** Male \* Female \* Intersex \* Non-binary \* Prefer not to say \*

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24\* 25-29 \* 30-34 \* 35-39\* 40-44 \* 45-49 \* 50-54 \*55-59 \* 60-64 \* 65+ \* Prefer not to say \*

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian \* Pakistani \* Bangladeshi \* Chinese \* Prefer not to say \*

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African \* Caribbean \* Prefer not to say \*

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean \* White and Black African \* White and Asian \* Prefer not to say \* Any other Mixed or Multiple ethnic background, please write in:

***White***

English \* Welsh \* Scottish \* Northern Irish \* Irish \*

British \* Gypsy or Irish Traveller \* Prefer not to say \*

Any other White background, please write in:

***Other ethnic group***

Arab \* Prefer not to say \* Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes\* No \* Prefer not to say \*

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual \* Gay \* Lesbian \* Bisexual \* Asexual \* Pansexual \* Undecided \* Prefer not to say \*

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief \* Buddhist \* Christian \* Hindu \* Jewish \*

Muslim \* Sikh \* Prefer not to say \* If other religion or belief, please write in:

**What is your working pattern?**

Full-time \* Part-time \* Prefer not to say \*

**What is your flexible working arrangement?**

None \* Flexi-time \* Staggered hours \* Term-time hours \*

Annualised hours \* Job-share \* Flexible shifts \* Compressed hours \*

Homeworking \* Prefer not to say \* If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None \*

Primary carer of a child/children (under 18) \*

Primary carer of disabled child/children \*

Primary carer of disabled adult (18 and over) \*

Primary carer of older person \*

Secondary carer (another person carries out the main caring role) \*

Prefer not to say \*

**or phone Jason (07450832796) or Fred (07577117967) to arrange an over the phone enrollment.**