



For better
mental health

Member Application

Active Minds

Surname:

Address:

.....

.....

.....

Postcode:

First name:

Date of Birth:

Telephone:

Mobile:

Next of kin

Name:

Relationship:

Address:

Telephone:

.....

Mobile:.....

.....

.....

Postcode:

GP

Any other agencies involved in supporting you (e.g. psychiatrist, care manager, CPN, OT)

What do you hope to achieve by using this service, and how will it benefit you?
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.....

What attempts, if any, have you made to work towards your goal?
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What activities are you currently doing?
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.....
.....

How is your general health?

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Is there anything else that you would like us to be aware of?

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.....

I authorize Mind in Croydon staff to exchange information with others involved in my care package. Any information provided about you by others will be shared with you.

Signed:
(Applicant)

Print name:

Date:

Thank you for your application