**Wellness Recovery Action Planning (WRAP) for Mental Health & Wellbeing**

**Application form 2017/18**

**WRAP COURSE DETAILS**

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| --- | --- | --- | --- |
| Location: | **Lewes Wellbeing Centre** | Day: | **Tuesday** |
|  | | Time: | **10:00am to 1:00pm** |
| Venue: | **47a Western Road** | Dates: | **Session 1:** 17 April 2018 |
|  | **Lewes** |  | **Session 2:** 24 April 2018 |
| **East Sussex** | **Session 3:** 1 May 2018 |
| **BN7 1RL** | **Session 4:** 8 May 2018 |
|  | **Session 5:** 15 May 2018 |
|  | **Session 6:** 22 May 2018 |

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Surname: |  |
|  | | First Name: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  |  | Date of birth: |  | |
|  |  |  | | |
|  | Gender: | Male | Female |
| Postcode: |  |  | | |
| Daytime Telephone: |  | If we need to contact you by telephone is it ok to leave a message?  Yes/No\* *Delete as appropriate* | | |
| Mobile Telephone: |  |
| Email: |  |

**EMERGENCY CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  | Are there any medical conditions we should know about in the case of an emergency?  Yes/No\* *Delete as appropriate*  If yes, write details: |
| Relationship: |  |
| Address: |  |
|  |  |
|  |
|  |
| Postcode: |  |
| Daytime Telephone: |  |
| Mobile Telephone: |  |

*Continued overleaf*

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| **Are you looking to improve any of the following? *(Please tick as many as apply)*** | | | |
|  | Your own physical health |  | Maintaining contact with family and friends |
|  | Your own emotional health and wellbeing |  | Helping you to have more control over your daily life |
|  | Your employment situation | Are you a carer? If so: | |
|  | Your education/training situation |  | Helping you to take a break |
|  | Your ability to take part in leisure activities |  | Helping you to meet the needs of the person you care for |

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| **We are committed to enabling access for every individual to attend our courses. Please write here any further information that may be helpful for the facilitators to know. For example, please let us know about any additional support you require.** |
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| --- | --- | --- | --- |
| **How did you hear about Coastal Wellbeing? *(Please tick)*** | | | |
|  | Coastal Wellbeing website |  | East Sussex 1Space |
|  | Coastal Wellbeing leaflet |  | CareLine Magazine |
|  | Networking event/forum |  | Word of mouth |
|  | GP/other healthcare provider |  | Recommended by a friend |
|  | East Sussex Adult Social Care |  | Other service provider |
|  | Through my employer |  | Other |

***Coastal Wellbeing is required by the Commissioners for this course to provide specific pieces of information (postcode and date of birth, but not name and address) for the purposes of monitoring equality and provision of services. No information that would identify you as an individual will be published. We respect your confidentiality in all that we do. If you would prefer us not to provide this information to the Commissioners, please let us know. This will not affect your access to the course***.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |

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| Please return your completed application form by email to **molly@coastalwellbeing.co.uk** or by post to: **Coastal Wellbeing, 6 Lambert Place, Lewes BN7 2EL**  *Thank you for taking the time to complete this application form* |

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| If you have any questions about the course please contact the facilitators: | |
| Molly Booth, Advanced Level WRAP Facilitator  07507 734 370 or molly@coastalwellbeing.co.uk | Lucy Tucknott, Advanced Level WRAP Facilitator  07598 323 254 or lucy@coastalwellbeing.co.uk |