

Date of application:

……………………..

**Application Form**

**Notice about respect:** Matthew’s Hub is a safe place and we expect members to respect each other and members of staff. If members treat anyone without respect either face-to-face, on social media, or in any other situation, they will be asked to leave and will no longer be able to access our services.

**Please read the Matthew’s Hub Privacy Notice.**

**Do you give consent for Matthew’s Hub to store your information on HubBot, and to share your information within our team of staf****f?**

Yes: No:

Do you give consent for Matthew’s Hub to share your information with other agencies when needed?

Yes: No:

**Personal details**

Title: ………. First name: ………………………. Last name: …………………………...

Date of birth: ……. /……. /……. Age: …………….. Gender: ……………………………

Address: ……………………………………………….……………………………………… ………………………………………………………………………………………………......………………………………………………………………………………………………….

Postcode: ……………………………

Home phone number: ………………………………….

Mobile phone number: …………………………………

Email: ……………………………………………………

**Diagnosis and support**

Have you been diagnosed? Yes: No:

***(if yes, we will need evidence)***

Are you seeking a diagnosis? Yes: No:

**Please advise which services/support you are interested in:**

Housing: Employment: Mental health:

Benefits: Social:

Specific activities (ask/see activities board)

**Skills and hobbies**

Do you have any interests or hobbies? If so, what are they?

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**Education and employment**

Are you currently in education? Yes: No:

What level of education you have achieved?

Entry level: Level 1: Level 2:

Level 3: Level 4 or higher:

Are you currently in employment? Yes: No:

**Emergency contact details**

Name: ………………………………………. Relationship to you: ………………………..

Phone number: …………………………… Email: ………………………………..………..

**Medical conditions**

Do you have a specific medical condition or allergy? Yes: No:

If yes, please give details:

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Where did you hear about Matthew’s Hub?

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