

Restore offers a range of therapeutic work, employment support, workplace opportunities, voluntary work, training, further education and recreational activities. We will work with you (and anyone else you want us to work with) to identify how we can support you.

You can refer yourself, or another person can refer you. Within a week of a referral being received by Restore we will contact you and arrange an appointment.

What is your full name?

- I'm interested in (tick all that apply)
- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Getting paid work | <input type="checkbox"/> Gardening | <input type="checkbox"/> Doing things with other people |
| <input type="checkbox"/> Starting volunteering | <input type="checkbox"/> Woodwork | <input type="checkbox"/> Support to stay well |
| <input type="checkbox"/> A work placement | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Support to build my confidence |
| <input type="checkbox"/> Support to stay in work | <input type="checkbox"/> Cooking | <input type="checkbox"/> Something else |
| <input type="checkbox"/> Going to college | <input type="checkbox"/> Crafts | |
| <input type="checkbox"/> Learning a new skill | <input type="checkbox"/> Printing | <input type="checkbox"/> Talking to someone and finding out about what I could do |
| <input type="checkbox"/> Meeting people | <input type="checkbox"/> Sports | |

What do you want to get out of coming to Restore?

Is there a service you want to use?

Contact details (so we can get in touch with you) Address

Post Code

Telephone

Mobile

Email

Information that we also need

Your Date of Birth

Details of your GP

Name

Address

If you have one, details of your Psychiatrist / Social Worker/CPN

Name

Address

This form was filled in by me (signature)

The date that the form filled in was

This form was filled in someone else

Name

Address

Other contact details

Telephone

Email

This person is a (please circle)

friend, family member, psychiatrist, psychologist, GP, IAPT worker, social worker, CPN, OT, support worker, broker, other (.....)

Data Protection Act 1998

The information you provide on this form is used by RESTORE. RESTORE is registered under the Data Protection Act 1998. This information will be used for administration, monitoring, and to improve our service. It may also be passed to funders. Any information that identifies individuals will only be passed on to organisations that are registered under the Data Protection Act 1998. The information will only be used for research and monitoring purposes.