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| **Face to Face Support Application Form** |
| **SECTION A: Details of the person in need of support:** |
| **Please select service:** Creative Mentoring € Discounted Counselling € Identity Space € |
| Name: | Date of Birth: Age: |
| Preferred Name:  | Gender: Pronoun: |
| Address: Postcode: |
| Home Phone: | Mobile Phone: |
| Email: |
| Nationality/Ethnicity: Require Interpreter:  |
| **Referrers details if not making a self-referral:** |
| Name: | Number: |
| Relationship to applicant:  |
| **Emergency contact details (if different from preferred contact)** |
| Name: | Number: |
| Relationship to applicant: |
| **SECTION B: Request For Support Summary** |
| Please provide a summary of the support you would like. What support are you looking for? What difference will support make for you? |
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| **SECTION C: Other Agencies** |
| **Please list details of any other agencies you are currently receiving or pursuing support from:** |
| **SECTION D: Additional Information** |
| Do you have any access requirements? Y / N | Please give any details of any additional requests/needs |
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| I understand and commit to support and intend on attending all sessions provided. I agree to Essential Space CIC storing and processing my personal data in connection with my support, to preserve my safety and the safety of others.  For full details of the privacy policy, please see [www.essentialspace.co.uk](http://www.essentialspace.co.uk)Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Carer if under 13 years)Name(printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION E: Donation** |
| As a community interest company (CIC), funding for these services relies on income from fundraising and generous donations from people in our community. A typical mentoring relationship costs around £400 to administer around 7/8 sessions. We are aware that not everyone is in the position to pay for our services and therefore offer either paying in full, part funded or fully funded places when available. These are negotiated depending upon the service provided and the individual’s circumstances. If you are able and would like to make a financial contribution towards someone’s support, or if you would prefer to donate to our service in another way please get in touch with the team on info.essentialspace.co.ukThis will in no way affect the support you receive from our friendly and dedicated team. |
| **SECTION F: Consent** |
| \*If applicant is under the age of 18, they must gain parental/carer consent to receive support. Name(printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to the person referred receiving support  From the Essential Space Team.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION G: Funding** |
| Fee agreed for your sessions  |  |
| **Please return this form to** **info.essentailspace@gmail.com** |