



Recommendation Form

Thank you for your interest in our service. We have a form for you to complete and return to us using the address below. Please make sure you give us as much information as possible, it is essential you fill in the items marked where there is a risk as this will help us keep your application process as efficient as possible. Please use the blank pages at the back where extra space is needed.

I..... give my consent to share information with Clubhouse Gibraltar regarding my application and future support.

Signed

Date

Potential Members Details

Name:	Address	
D.O.B		
Tele Number		Email Address
Mobile Number		

Health Professional Details

Name:	Address	
Company		
Tele Number		Email Address
Mobile Number		

Others Involved

Name:	Address	
Company		
Tele Number		Email Address
Mobile Number		

Have you been given a diagnosis for your mental health difficulties

Yes

No

If yes, what is it? (optional)

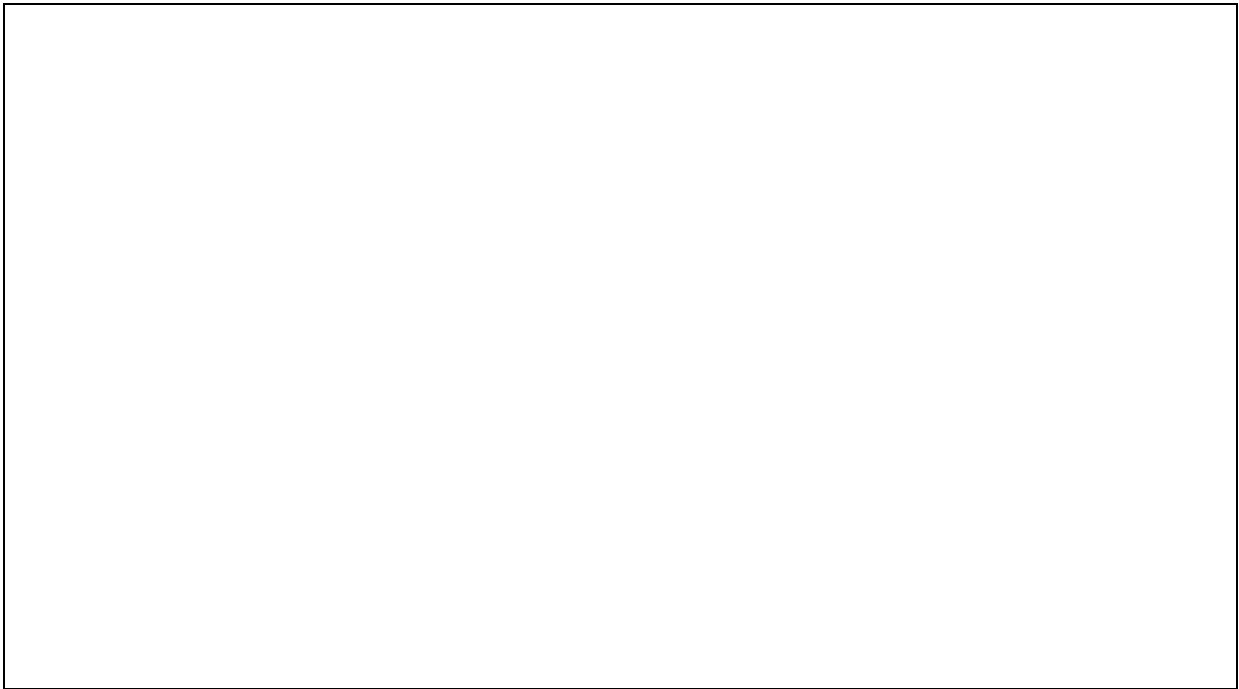
Please tell us about your past and present risk history					
Risk/Level	None	Low	Medium	High	Not Known
Of self					
Injury					
To others -					
Public					
To others -					
staff					
To					
Property					
Of					
Isolation					
Of Self					
Neglect					
Of Relapse					
Of					
Offending					
Please tell us any other information you think we may need to know?					

Areas to develop:

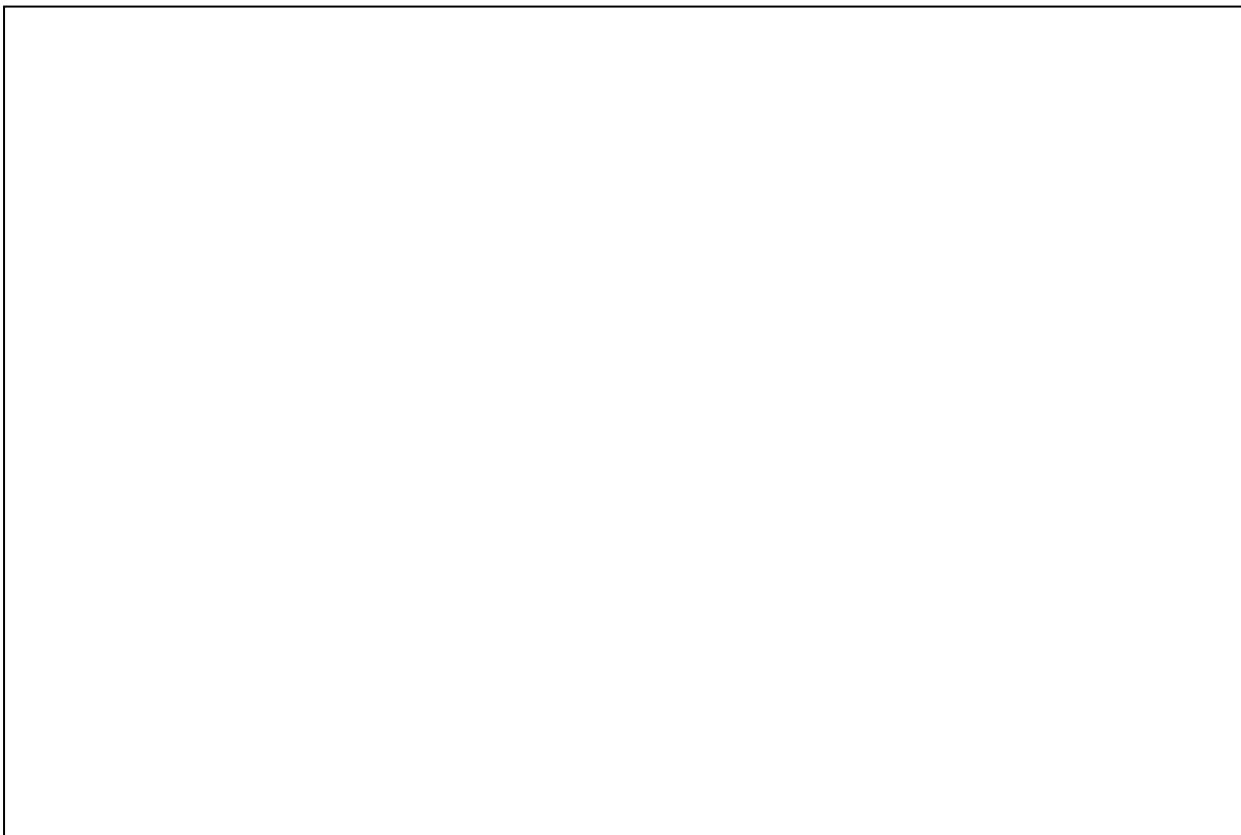
What do you consider to be the main areas of support.

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Tell us about your goals or aspirations that you would like to achieve?



Any Other Information You Feel We May Need To Know.



Thank you

