



# FLOURISH HOUSE



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## Mission Statement

Flourish House is a Clubhouse that enables people with mental health difficulties to gain a sense of well-being. Members recover confidence and skills whilst achieving social, financial and vocational goals.

### To be eligible for membership you must (please tick ):

- Have a primary diagnosis of a mental health problem/illness.

Please specify:.....

**AND**

- Are at least 18 years old. There is no upper age limit.

**AND**

- Live in Glasgow or the surrounding areas.

### What are your reasons for joining Flourish House? (please tick):

- I am a returning member

Help to manage health/care issues or stabilise lifestyle – social contact and support, structured use of time and sense of achievement

To gain life skills, basic skills (for example literacy), confidence

To have access to career advice, guidance, work tasters, job search

To have help in addressing barriers to employment, supported employment, job retention

To learn new skills and progress towards employment

To participate in training or education

## Prospective Member Details

First Name: .....

Middle Name: .....

Surname / Family Name: .....

Preferred Name/ Nickname: .....

D.O.B. : .....

## Address

Flat No. & House Number: .....

Street/Road Name: .....

.....

Town/City: .....

Postcode: .....

Tele: .....

Mobile: .....

## Current Housing Type (please tick)

Home Owner

Housing Association Tenant

Private Landlord Tenant

Homeless/ Hostel Accommodation

Bed and Breakfast Accommodation

Home Support

Supported Accommodation

Hospital

## Employment

Are you? (please tick)

Working

Not Working:     0-1 year     1-3 years     Over 3 years

Retired             Other (please specify) .....

## Emergency Contact:

Name: .....

Address: .....

.....

..... Postcode: .....

Tel: ..... Mobile: .....

Relationship:.....

## Referral Agency

Name: .....

Job Designation: .....

Agency: .....

Address: .....

.....

..... Postcode: .....

Telephone No: .....

How long have you known this person? .....

**Health**

Are there any other health issues we should be aware of? (e.g. epilepsy, hearing or vision impairment, mobility problems, etc).

.....  
.....

**Substance Misuse** (please tick)

Do you have an alcohol or drug misuse problem?

Alcohol

Drugs

YES     NO

YES     NO

If yes, are you currently in treatment for this problem?

Alcohol

Drugs

YES     NO

YES     NO

If alcohol or substance misuse exists, please give more details. Be sure to include treatment information:

.....  
.....  
.....

Please provide service and contact details

.....  
.....  
.....  
.....

Please ensure that you have filled in all the sections of the Application form.  
Thank you for applying to Flourish House.

Prospective Member Signature :

Date:

Referral Source Signature

Date:

**Flourish House requires confirmation of a person's medical condition. This is a requirement of our funding.**

**Name & Address of Medical Contacts for Mandate**

Primary Contact (e.g. Community Psychiatric Nurse/ Consultant Psychiatrist/Psychologist)

Name: .....

Job Designation: .....

Address: .....

.....

.....

Postcode: ..... Tele: .....

G.P

Name: .....

Address: .....

.....

.....

Postcode: ..... Tele: .....

**All information received by Flourish House is strictly confidential and will not be shared with outside agencies without your written consent.**

**Consent**

I hereby give my consent for information on my medical condition to be disclosed to Flourish House in relation to my application for membership.

Signature of prospective member: .....

Name of prospective member (please print) .....

Date: .....