

Name of prospective member

Flourish House is a vocational project that provides a service to people who have a primary diagnosis of mental ill health and where mutual respect and safety are paramount. With this in mind, can you please answer the following questions:

MENTAL HEALTH

Would you consider this person to have a history of any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Bi-polar Disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Self Harm |
| <input type="checkbox"/> Anorexia/Bulimia | |
| <input type="checkbox"/> Other (please state) _____ | |

HEALTH AND SAFETY

From your knowledge of this person, is there any reason why Flourish House should not offer membership to him/her?

Signature Date

Print Name Designation

Please tick if you do not want this information to be shared with the prospective member.



Please place your organisational stamp below: