Five Ways Friends
Enquiry Form

1. Your contact details

First name: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Tel (Home): _____ Tel (Mobile): _____

Email: _____ Date of Birth: _____

Do you live alone? Yes ☐ No ☐

2. Carers and caring

Below, please give details of anyone you have a caring arrangement with:

Do you mostly care for this person? ☐ Does this person mostly care for you? ☐ Do you care for each other? ☐

First name: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Tel (day): _____ Tel (eve): _____

Relationship: _____

Email: _____

3. Emergency contact details

First name: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Tel (day): _____ Tel (eve): _____

Relationship: _____

Email: _____

Registered as a charity in England and Wales: 1085518
Company Registration number: 4090701

4. Mobility and transport requirements

Driving license: Yes ☐ No ☐ Car owner: Yes ☐ No ☐

Mobility issues: Yes ☐ No ☐ Mobility aids used:

Please describe any mobility, balance or co-ordination issues that we ought to be aware of:

Sensory impairment: Yes ☐ No ☐ Sensory aids used: Yes ☐ No ☐

Please describe any sensory issues we ought to be aware of:

Transport needed: Yes ☐ No ☐ Escort needed: Yes ☐ No ☐

5. Dietary requirements

Vegetarian: ☐ Vegan: ☐ Lactose intolerant: ☐

Halal: ☐ Kosher: ☐ Gluten intolerant: ☐

Please give details of any other allergies or intolerances:

Please give details of any other dietary requirements:

6. Venue

Please see attached information on venues. We will try to match you with the club nearest to your home. If you prefer to attend another club, please say so here; telling us your reason will help us meet your needs.

If you would like to be considered for a place at an additional club on another day, please tick the box and we will contact you: ☐

7. Club activities

Are you interested in helping out at your club or another club (for example, helping serve food and drinks, or assisting less mobile members)?	Yes ☐	No ☐
Are you willing to act as a "buddy" to another new member?	Yes ☐	No ☐
Are you willing to join a small group to help take decisions about your club (for example, on outings or activities)?	Yes ☐	No ☐
Are you willing to write occasional small pieces for the Five Ways Friends newsletter?	Yes ☐	No ☐
Are you willing to share your favourite recipe, song, book or poem?	Yes ☐	No ☐
Are you willing to be interviewed about your life story?	Yes ☐	No ☐

8. Health details

Please tick all that apply:

Asthma	☐	Arthritis	☐	Learning difficulties	☐
Diabetes	☐	Stress / Depression	☐	Angina	☐
High blood pressure	☐	Emotional problems	☐	High cholesterol	☐
Heart condition	☐	Hearing loss	☐	Poor vision	☐

Please give details of any other condition(s):

9. Health self-assessment

Because of your health or the way you feel, do you have any trouble looking after yourself (bathing, doing your hair or dressing) or completing jobs such as doing the washing, cooking or housework?

Not at all ☐ One or two of these ☐ Several of these ☐ Most of these ☐

Because of your health or the way you feel, do you have any problems with family roles (such as going to see your family, keeping in touch with family members or attending family events) or with other social roles such as being a good neighbour or attending a social or faith group?

Not at all ☐ One or two of these ☐ Several of these ☐ Most of these ☐

Because of your health or the way you feel, do you have any problems keeping in touch with your friends, visiting your friends, going out to clubs or gatherings, going to events in your community, taking part in social gatherings or making new friends?

Not at all ☐ One or two of these ☐ Several of these ☐ Most of these ☐

Because of your health or the way you feel, do you have difficulties getting involved in education such as evening classes, or taster sessions, book clubs or film clubs, social events aimed at learning something together such as flower-arranging or religious study groups?

Not at all ☐ One or two of these ☐ Several of these ☐ Most of these ☐

10. Financial self-assessment

Do you have any financial concerns?	Yes ☐	No ☐
Due to lack of money, do you ever have difficulty buying or preparing food?	Yes ☐	No ☐
Do you ever have difficulty meeting core costs such as rent, electricity or gas?	Yes ☐	No ☐
Do want to talk about debt advice, benefit entitlement, or the Five Ways Friends support fund?	Yes ☐	No ☐

11. Your GP's contact details

Surgery name: _____

Address: _____

Town: _____ Postcode: _____

GP's name: _____ Tel: _____

Email: _____

12. Demographic and equalities monitoring

Knowing demographic information about users makes it easier for us to identify and respond to your needs and to identify and meet unmet needs. The information you provide will be stored on a database but will not be shared with anyone outside W3RT except as aggregated information. If you prefer not to answer one or more questions, simply leave it blank.

Gender: _____ Religion: _____ Race: _____

First language: _____ Sexual orientation: _____

Do you consider yourself to have a disability?	Yes ☐	No ☐
Do you have any caring responsibilities (for a relative, friend or neighbour)?	Yes ☐	No ☐

13. Declaration

I understand that W3RT will store this information and use the information to improve services for me and for others. I agree to W3RT sharing this information with other partner organisations from the charitable or statutory sectors, and with anyone I have named above as my GP, carer, or emergency contact. I understand that W3RT will not allow my data to be shared for marketing or for profit. I understand that I can request a full copy of the data held on me at any time and that W3RT will provide this within five working days. Please note that we regularly use photographs of activities and events at Five Ways Friends clubs in publicity materials and for monitoring purposes. If you do not want to be included in photographs, please inform your club manager. Your signature below indicates that you have noted this.

Signed: _____ Date: _____

Please return completed forms by email to: wellbeing@w3rt.org or by post to Five Way Friends, Holywell Community Centre, Chaffinch Lane, Watford, Herts, WD18 9QD.