 **INTRODUCTION FORM**

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| **What is Mosaic Clubhouse?****Mosaic Clubhouse** supports people who are living with a mental health condition. Mosaic’s approach is built on the internationally recognised Clubhouse model, which embeds co-production between staff and members throughout all activities. The Clubhouse offers its members and visitors a wide range of volunteering opportunities, access to [education, employment,](http://www.mosaic-clubhouse.org/Employment_Education_Unit)crisis support, a young adults’ programme, [information and signposting](http://www.mosaic-clubhouse.org/InformationHub)to other local organisations.  |

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| **What is the Work Ordered Day?**The two central tenets of Mosaic are the concept of membership of the clubhouse community and working side by side with staff to co-deliver clubhouse activities as a key means of regaining confidence and self-esteem. Members work on reception, run our café, maintain our gardens, produce our newsletter, support our administration and finance activities and deliver workshops for the benefit of their peers. Members are the key stakeholders within our organisation and participate in all our work, decision-making and governance opportunities. Although the Clubhouse has paid support staff, services are deliberately understaffed, as a means of ensuring that everything is delivered in a partnership between members and staff. All members are encouraged to participate in the work-ordered day. |

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| **How do I become a Mosaic Clubhouse member?**Prior to completing an Introduction form, if an individual has not visited Mosaic before we ask for them to come to a **Mosaic Clubhouse tour.** The purpose of the tour is so the individual can determine if they feel Mosaic is a suitable service for them. It also gives the opportunity to ask questions, meet other members and see the Clubhouse in action. **Tours take place on Wednesdays at 3pm and can be booked by contacting the Mosaic Clubhouse info hub by email or phone**. These Tours are also open to professionals, family members and friends. **Young adult tours take place on Wednesdays at 2pm.**  |

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| Following a tour, we then require an **introduction form**. Please ensure this form is fully complete, including a risk assessment (page 5) completed by a health professional. This can be a GP, Care Coordinator or Support Worker. Incomplete forms will NOT be processed. Completed forms should be sent to **infohub@mosaic-clubhouse.org**. Membership at Mosaic Clubhouse is:* Free for Lambeth residents and those whose care is provided by Lambeth
* For individuals who are 16 years old or older
* For individuals whose primary diagnosis is a mental health condition

If you have a specific issue that our Information Hub can help you with, please contact them directly before completing this form. **T:** 0207 924 9657 **E:** infohub@mosaic-clubhosue.org |

**INTRODUCTION FORM**

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| **Have you had a Mosaic Clubhouse tour?** |
| ☐ Yes ☐ No  **If the individual has not visited Mosaic before** **please book at tour before completing the introduction form.**   |
| **Details of Individual being referred** |
| Date of Birth:(You must be 16 or over to apply) |  | Address: |  |
| Last Name: |  |
| First Names: |  | Town/City: |  |
| Previous Names: |  | Postcode: |  |
| Gender: | ☐ Male ☐ Female☐ Prefer Not to Say☐ Prefer to Self-Describe: | Preferred Tel No: |  |
| Alternative Tel No: |  |
| Email Address: |  |
| Are you a Lambeth resident? | ☐ Yes ☐ No |
| Do you have a mental health diagnosis? | ☐ Yes ☐ No |
| Are you getting support from any other services for your mental health? | ☐ Yes ☐ No |
| **Who should be contacted in case of emergency?** |
| Emergency Contact: |  | Address: |  |
| Relationship: |  |
| Preferred Tel No: |  | Town/City: |  |
| Alternative Tel No: |  | Postcode: |  |
| **Who is making this referral?** |
| Referral Source:(Please choose one) | ☐ SLaM☐ Health Care Professional☐ Evening Sanctuary☐ Voluntary Organisation☐ Out of Borough Referral☐ Other | Name of Individual making the Referral: |  |
| Address: |  |
| Telephone No: |  | Town/City: |  |
| Referral Company: |  | Postcode: |  |
| Email Address: |  |
| **OFFICE USE ONLY** |
| Date of First Contact: |  | Intro Data Entered: | ☐ |
| Introduction Date: |  | Intro Booked: | ☐ |
| New / Returning Member: | ☐ New ☐ Returning | Intro Scanned: | ☐ |
| Young Adult (16-30)? | ☐ Yes ☐ No  |
| **Notes:** |
| **Equality & Diversity**This information is used to assess whether all members are treated equally while at Mosaic Clubhouse and to ensure that they can fully access all the Clubhouse’s resources. |
| Ethnic Origin – I would describe myself as: |
| **White** | **Asian /** **Asian British** | **Black / African / Caribbean /** **Black British** | **Mixed /** **Multiple Ethnic Group** | **Other ethnic group** |
| ☐ English / Welsh / Scottish / Northern Irish / British☐ Irish☐ Gypsy or Irish Traveller☐ Any other White background | ☐ Indian☐ Pakistani☐ Bangladeshi☐ Chinese☐ Any other Asian background | ☐ African☐ Caribbean☐ Any other Black background | ☐ White & Black Caribbean☐ White & Black African☐ White & Asian☐ Any other Mixed / Multiple Ethnic background | ☐ Arab☐ Any other ethnic group☐ Prefer not to say |
| Sexuality: | Faith: |
| ☐ Heterosexual / Straight☐ Gay Woman / Lesbian☐ Bi | ☐ Gay Man☐ Prefer not to say☐ Prefer to self-describe: | ☐ Christian (all denominations)☐ Muslim☐ Jewish☐ Buddhist☐ Hindu | ☐ Sikh☐ No religion☐ Prefer not to say☐ Other (please specify): |

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| **GP involved with care:** |
| Name of GP: |  | Address: |  |
| Practice Name: |  | Town/City: |  |
| Telephone No: |  | Postcode: |  |
| Email: |  |

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| **Care Coordinator / Others involved with care:** |
| Name of Care Coordinator / Other: |  | Address: |  |
| Team Name: |  | Town/City: |  |
| Telephone No: |  | Postcode: |  |
| Email: |   |

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| **Is there anything you would like us to know about your mental or physical health that will help us support you?** |
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| **Member’s Expectations / Needs** |
| ☐ Employment | ☐ Education | ☐ Building confidence and skills | ☐ Structure to day or week | ☐ Avoiding isolation |
| **Please tell us why you want to join Mosaic Clubhouse?**It might be helpful to think about what your goals are and what you would like to achieve. |
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| **Do you have activities / hobbies / interests at the moment and what are they?** |
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| **Your employment history**We are asking these questions so we can report better to our funders about how we support our members into work. |
| Are you currently:☐ Employed (paid employment)☐ Not employed | Are you looking for work?☐ Yes ☐ Looking for voluntary work☐ No |
| If not employed, have you been employed in the last:☐ year ☐ 5+ years☐ 2 years ☐ Never | Was your last employment:☐ 16 hours or more☐ Less than 16 hours a week |

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| **Communication Preferences**We like to keep in contact with our members to share opportunities and to see how you are doing. If you don’t want to hear from us, please opt out below: |
| ☐ I do want to receive phone calls from staff and members |
| ☐ I do not want to receive SMS / text messages about what is going on at Mosaic |
| ☐ I do not want to receive email communications (for example In the Mo, the Mosaic newsletter) |

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| **Right to Stay / Work Status** |
| Do you have the right to live and work in the UK? This information will help us to support you | ☐ Yes ☐ No |
| If **No**, please give additional details: |

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| We are unable to accept an Introduction Form without a complete Risk Assessment.All checkboxes **MUST BE CHECKED**.When risk assessing new applicants for membership, we primarily consider offences committed within the previous 12 months and also, of course, the referrer’s assessment that the potential member does not post a current or continuing risk. |

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| **RISK ASSESSMENT****To be completed for all introductions by the named GP, Care Coordinator or Support Worker** |
| Does the patient/client have a history of violent or aggressive behaviour, sexually inappropriate behaviour, or convictions for violent of sexual offences? | ☐ Yes ☐ No |
| If **Yes**, please give additional details including dates: |
| Is there a recent history of violent or sexually inappropriate behaviour (e.g. in the past year)? | ☐ Yes ☐ No |
| Is there a risk of continuing aggressive or sexually inappropriate behaviour? | ☐ Yes ☐ No |
| Does the patient/client post any risk to vulnerable service users and/or Clubhouse members? | ☐ Yes ☐ No |
| If **Yes**, please give additional details and attach relevant information: |
| Are there known scenarios or potential triggers where risk behaviours are likely to arise? | ☐ Yes ☐ No |
| If **Yes**, please give additional details: |  |
| Is the patient/client known to the police or probation? | ☐ Yes ☐ No |
| If **Yes**, please give additional details and current contact information: |  |
| I hereby confirm that I have filled in the above Risk Assessment to the best of my knowledge. |
| Risk Assessment filled in by: | Full Name: |  |
| Signature: |  |
| Date: |  |
| **This must be signed by a Health Care Professional. This could be a GP, Care Coordinator, or Support Worker. We can accept an electronic signature.** |

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| **Privacy Notice** |

Data Controller: **Mosaic Clubhouse, 65 Effra Road, Brixton, London SW2 1BZ**

Data Protection Lead: **Chris Thomas**

Mosaic Clubhouse needs to collect data about you, how you use the service and any work that we do on your behalf. This is important to make sure that we provide a good service and to demonstrate our work to our commissioners and funders. We are committed to being clear about our data collection and to meeting our legal obligations.

**What information does Mosaic Clubhouse collect and process about you?**

* Personal data from your application form, such as name, address, date of birth,
* Sensitive data such as information about your ethnic origin, sexual orientation and religion.
* Your activity at Mosaic such as attendance, participation in events and classes, goals.
* Our communication with you by phone, text or e-mail.
* We may also record other information about your benefits or right to work when relevant.

Mosaic Clubhouse collects this information in various ways: from application forms; from signing-in sheets; other forms you complete; or from communication sent out to you. In some cases, we may collect personal information such as risk assessment from other services.

**Why does Mosaic Clubhouse process your personal data?**

Mosaic Clubhouse has to process data to carry out its work and provide a service to you. In some cases, we need to process data to meet our legal obligations; in other cases, the organisation has a legitimate interest in processing personal data, for example for reporting to our funders.

**Who has access to your data?**

Staff working at Mosaic, trained volunteers/students on work placements, other members working in the units. Members can only see very limited information on our database. We will never share your personal information with anyone else without asking you first unless it is an emergency, a safeguarding issue or if we have to do this by law.

**How does Mosaic Clubhouse protect your personal data?**

We take the security of your data seriously. We have policies and controls in place to ensure that your data is protected. Paper files are stored in locked cabinets. Electronic information is password protected and monitored. If you would like more information about this, please ask an engagement worker.

**For how long does Mosaic Clubhouse keep data?**

We keep all information for as long as you are an active member. After you stop using Mosaic Clubhouse, we will only keep the information for 10 years.

**Your rights:**

* You can access and get a copy of your data;
* You can ask Mosaic Clubhouse to change incorrect or incomplete data;

If you would like to do any of the above, please contact an Engagement Worker at Mosaic Clubhouse.

If you believe that Mosaic Clubhouse has not protected your data, you can complain to the Information Commissioner’s Office on 03031231113 or visit their website: <https://ico.org.uk/concerns/>

**What if you do not want to provide personal data?**

We need to collect data about members so we can provide a safe service to our members and to meet our contractual obligations to our funders and commissioners. If you do not provide your information, we will not be able to do so.

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| Declaration |
| I have read and understood this information. I understand that I can ask to see any information that Mosaic Clubhouse keeps about me and tell Mosaic if I think that any of the information is wrong. | Full Name: |  |
| Signature: |  |
| Date: |  |

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| **Measuring our impact** |

Mosaic Clubhouse is collecting this information because we want to know if being a member at Mosaic helps improve your wellbeing.

This information (anonymised) will be used to show funders, partners and decision-makers the impact of our work. We hope it will help us continue and grow as a service.

You will be asked to fill out this form via text every three months for the first year of your membership. If you need help will this, feel free to ask and a member of staff will be able to assist you.

If you do not want to fill out this form tick here ☐

**Short Warwick Edinburgh Mental Wellbeing Scale: *(S)WEMWBS***

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| **Below are some statements about feelings and thoughts.****Please circle the number that best describes your experience of each over the last 2 weeks.** | **None** **of the** **time** | **Rarely** | **Some** **of the** **time** | **Often** | **All** **of the** **time** |
| **I’ve been feeling optimistic about the future** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been feeling useful** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been feeling relaxed** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been dealing with problems well** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been thinking clearly** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been feeling close to other people** | 1 | 2 | 3 | 4 | 5 |
| **I’ve been able to make up my own mind about things** | 1 | 2 | 3 | 4 | 5 |

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

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