

Darwin Court Application Form



Arts Network projects are for adults who identify themselves as having mental health support needs. You do not need to be currently accessing a mental health service to take part.

This form is for participation in a short-term project and does not offer the applicant Arts Network membership. Participants who wish to join Arts Network after the project will need to complete a referral form through our website: <https://artsnetwork.org.uk/wp/referral/>

Participant details

First name	
Surname	
Phone number	
Email address	
Home postcode & borough	

Please let us know any mental health or physical support you may need to access the project:

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Emergency contact details

Name	
Relationship to you	
Phone number	

Please read the options below and tick the box that applies to you:

- I am currently accessing mental health support services
- I am not currently accessing mental health support services but have in the past
- I have never accessed mental health support services

MONITORING & EVALUATION

This project is funded by London Community Fund, who require us to provide some details about participants for monitoring and evaluation. We would be grateful if you are able to complete the section below. Answers are not compulsory.

Are you a Peabody resident?

Yes, I live in: _____ No

Age: 18 19 – 25 26 – 64 65+

Do you consider yourself to have a disability? Yes No Prefer not to say

Gender identity	
Ethnicity	

DATA PROTECTION

All of the information you have provided is confidential. The information provided in the Monitoring and Evaluation section will be shared with London Community Foundation for monitoring purposes. Your information will not be shared with any other parties. If we are concerned for your wellbeing, we may need to contact your GP, mental health professionals or emergency contact named on this form; we will always aim to try to ask you before doing so. In order for us to process this information and to comply with data protection legislation, we require your consent. You are not required to give your consent; you acknowledge that any consent given is freely given. Including your name below will signify your consent to our processing of this information. Once you have given consent, you may withdraw or change your information any time by letting a member of staff know.

Applicant's full name	
If the applicant is unable to provide written consent, please state the reason here. Please also provide the details of the person completing the form on their behalf.	
Date (day/month/year)	

Arts Network details:

Email: info@artsnetwork.org.uk

Tel: +44 (0) 20 8852 2849

Address: Arts Network, 8-12 Eltham Road, Lee, London SE12 8TF

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