

MEMBERSHIP REGISTRATION FORM

Please complete the following form in full. The information you provide will be used exclusively for Ely Centre communication, statistics and strategy and will not be passed on to any third parties.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Mothers Maiden Name: _____ Gender: Male Female

Email: _____ Religion: _____

Mobile Phone: _____ Home Phone: _____

Address: _____

Postcode: _____

Marital Status: Single Married Co-habiting Separated Divorced Widowed

Employment Status: Employed Self-employed Student Unemployed Retired

Do you consider yourself to have a disability? If yes, please give details: Yes No _____

INCIDENT DETAILS

Please indicate which category of eligibility you fall under:

Bereaved

RUC/PSNI

Carer of victim

Physically Injured

UDR/RIR

Family of victim

Psychologically Injured

Armed Forces

Other (please state below)

Please provide details on how you have suffered as a result of the troubles: _____

Do you belong to any other victim support organisations? If yes, please give details: Yes No _____

SERVICE DETAILS

Please indicate which of the following services you are interested in:

Welfare & Benefits

Carers Support

Crafts

Complementary Therapies

Coffee Mornings

Sports

Counselling

Training Courses

Cultural Events

Befriending

Health & Fitness

Respite Trips

EMERGENCY CONTACT

Name: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Telephone: _____

Medication or Allergies: _____

G.P. DETAILS

PLEASE COMPLETE IF INTERESTED IN COUNSELLING

Reason(s) for treatment: Depression Anxiety PTSD Social Other: _____

Would you prefer a face-to-face or telephone assessment? Face-to-face Telephone

PLEASE COMPLETE IF INTERESTED IN COMPLEMENTARY THERAPIES

Please refer to our symptom list and specify below your reasons for complementary therapy treatment.

Symptom 1: _____ Symptom 2: _____

REFERRER DETAILS (IF COMPLETING FORM ON BEHALF OF CLIENT)

Referrer name: _____ Telephone: _____

Is client aware of referral? Yes No If no, please expand: _____

Relationship to client: _____ Signature: _____

DECLARATION

Client Signature: _____ Date: _____

Ely Signature: _____ Date logged: _____

Thank you for taking the time to complete this form in full.

52 & 60 Forthill Street, Enniskillen, BT74 6AJ

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