****Ref No .

**Membership Form**

**SECTION 1**

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_\_/\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel/mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: *Please mark relevant box*

White British  White other  Mixed race  Asian  Asian British 

Black  Black British  Chinese  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you received support for:** *Please mark relevant box*

Mental Health *Referral agent fill in section2*  Learning Disability  *Referral agent fill in section2*

If you do not receive support for the above, are you looking for:

Emotional wellbeing /social interaction *go to section3 (page 2)*

A venue for creative activity only *go to section4 (page 4)*

**SECTION 2**

**Do you have a Social Worker and/or CPN?** If so please ensure they complete their details below…

**If you do not have a Social Worker and/or Community Psychiatric Nurse (CPN), please note you require a referral from your GP to become a Member (see section3…)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note to referral agent – NAGAS is fully set up to receive personal budget payments, if you are aware that your patient is in receipt of a budget or is being assessed for one, membership to NAGAS must be purchased with this. Tariff details available upon request.*** Please can Referral agent sign below…

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 3**

For NAGAS to be able to support your health needs we require some background information.

**How would you currently describe your health needs?**

Please mark the relevant box(es)…

Depression Issues Personality Disorder Anxiety Issues Psychosis Eating Issues Substance Abuse Learning Disability Physical Disability Autism Asperger’s 

Other If other, please describe this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where would you place your health problem on this scale?**

Please mark the relevant picture…



When you are most unwell is the issue…? Mild Severe



How often are you unwell…? Infrequently Enduringly



Your health at this moment in time…? Very Good Very Poor

**Any other information about how your health needs?**

*This could be about mental or physical health*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you receive support from any other organisations?**

Name of person/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact details**

*NAGAS will only use this information in an emergency situation*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Page 2*

**SECTION 3 *continued…***

**Please tick if you think the following apply to you**: I wish to attend NAGAS to…

**Social inclusion**

Get me out of the house, something I find difficult 

Try something new 

Support me in forming meaningful social relationships 

**Recovery**

Develop more confidence and build self-esteem 

Support my overall wellbeing 

Help me tackle the potential stigma attached to mental health issues 

**Prevention**

Prevent my relapse into mental ill health 

Help me to become less reliant on clinical interventions i.e. medication 

Help me cope with my mental ill health 

**Promotion**

Improve my creative skills and knowledge 

Help me to develop my volunteer/education/employment opportunities 

Promote new opportunities to me (signposting) 

**If you have not provided a referral from a Social Worker or CPN you need your GP to sign this referral form to become a Member.**

**GP REFERRAL**

***Note to GP*** *– NAGAS is a registered charity providing support to people with mental health issues. If your patient has requested a referral it is because he/she has expressed to NAGAS that they require creative support with their mental health and wellbeing. Above is their assessment of the potential benefits of attending.*

*Further information about NAGAS has been given to the patient to share with you*

Name of GP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Name/stamp

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you kindly for your time**

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**SECTION 4**

**Newcastle and Gateshead Art Studio (NAGAS) Membership Agreement**

NAGAS works with vulnerable adults with different levels of need. We endeavour to keep the environment safe, friendly and fun for everyone. Everyone working in the studio is expected to show respect towards all members, staff, volunteers and visitors alike.

It is the right of everyone working in the studio to enjoy their experience and it is the responsibility of everyone involved to try and maintain this. Any conduct or behaviour that goes against these principles will or can be challenged by staff or other members; where appropriate action will be taken to resolve this.

For the full list of policies and procedures of the studio; please ask a member of staff.

To become a member of NAGAS you must accept our conditions of membership.

**Behaviour in the Studio:**

**What We Expect**

• For the studio to be a safe and friendly environment for all involved

• An agreed standard of acceptable behaviour for all involved

• Equal respect within the studio for all staff and members

• Acceptable behaviour is the responsibility of members and staff as a whole

**Unacceptable Behaviour**

• Using the service without having a valid membership

• Bringing alcohol, un-prescribed or illegal drugs on to the premises; or being under their influence whilst here.

• Attacking another person, or people in the studio in either a physically or verbally aggressive way.

• Behaving in an aggressive or threatening manner. This includes threats of violence/intimidation towards others or threats of self-harm.

• Sexual harassment, including unwanted touching and suggestive comments or language.

• The taking of property from members, staff or the studio without permission.

• Using inflammatory language breaching the equal opportunities policy.

• In-proper use of any equipment, material or resource of the studio.

It is important that members as well as staff ensure that expected behaviour is adhered to and feel able to challenge anything contrary to this. If members have any difficulty in challenging the behaviour of another member they are within their right to call upon staff to intervene.

**Fire Procedure**

All members must sign in at the times of arrival and departure in the signing in book, which is positioned on the desk at reception. In the event of fire, or a fire alarm test, this list will be used as the indication of who is in the building. In the event of fire, members will exit using the main door and congregate on the space directly opposite the main entrance.

**Artwork**

All Artwork produced by member’s remains their property; however NAGAS reserve the right to use any work or image in the promotion of the organisation (unless specifically requested otherwise). Please note that NAGAS cannot guarantee the safety of member’s artwork and materials which remains their personal responsibility. Please note: we reserve the right to recycle artworks and materials belonging to members that are left in the studio over a notable period, or in the instance of long periods of members’ absence or inactivity.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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