

# Warrior Programme Assessment & Registration Form

Personal Details		
Surname	First name	D.O.B
<b>Contact Address:</b> <b>Post Code:</b> <b>Contact telephone number/s including mobile:</b> <b>Email address:</b> <b>Please circle preferred method of contact email / text / landline [only if no mobile]</b>		
<b>Please nominate a person to be contacted in case of an emergency:</b> <b>Name:</b> _____ <b>Relationship to you:</b> _____ <b>Address:</b> _____ <b>Contact telephone number:</b> _____		
Sponsoring Organisation		
<b>Organisation:</b> <b>Key Worker Contact:</b> <b>Email address:</b> _____ <b>Tel. No.</b> _____		

Support/Key Worker /GP Declaration
<p>I declare that the information provided within this form by the above named client is true and complete to the best of my knowledge.</p> <p><b>I confirm that this client has / has not been risk assessed and any risks identified shared with the Warrior Team (Please circle as appropriate).</b></p> <p>Name (Please print): _____ Date: _____</p> <p>Signature: _____</p> <p>Name of Referring Agency / GP practice (Please print): _____</p> <p>Contact Telephone Number: _____</p> <p>Email address: _____</p>

## About You

What gender are you?

Male  Female

Please indicate your ethnic origin:

Are you a UK resident:

Yes  No

If not, please give current status

Please indicate what your current housing situation is:

Hostel	<input type="checkbox"/>	Supported housing scheme	<input type="checkbox"/>
Bed & Breakfast	<input type="checkbox"/>	With friends/family	<input type="checkbox"/>
Rented Accommodation	<input type="checkbox"/>	House/flat-owner	<input type="checkbox"/>

***Do you appreciate the importance of being punctual, presentable and committed to the programme?***

Yes  No

***Can you demonstrate basic skills e.g. the basic ability to communicate, read and write in English?***

Yes  No

## Work History

Are you currently in employment?

Yes  No

Name of Organisation :

Position Held:

Are you currently attending college?

Yes  No

If YES to either of these questions, please state that you will be able to attend on all the course dates:

**Educational Achievements – Please note: No qualifications are necessary for this programme, this information is used for statistical purposes only**

Please tick all qualifications that apply to you:

- O-Levels/GCSEs                       A/AS-Levels/Higher  
 Other post-16 qualifications               Degree or Post Graduate Qualification  
 NVQs                                      Other (please specify):

**Your Background**

Have you previously been in care?

Yes                       No

Are you currently claiming benefits?

Yes                       No

If Yes, please state what type:

If you need to sign on please state time, day and date of appt:

**Criminal Convictions**

**Are you facing any criminal prosecutions or have you previously had any criminal convictions?**

Yes                       No

**Do you have any convictions which are not yet “spent” under the Rehabilitation of Offenders Act (1974)**

Yes                       No

**If you have answered yes to any of the questions in this section please give details:**

Offence Details	Sentence	When (dates)	Comments/Background (e.g. reasons/circumstances etc)

**PLEASE NOTE: An unspent conviction will not reduce your chance of a place on the programme. Any conviction will be considered on an individual basis and the nature of the offence will be taken into account when considering your application. The more detail you can give us, the better as this will be helpful when considering your application.**

## Details of Military Service

**Please state your service number ----- Please note if you do not have this we will need to verify this via the MOD and will need your consent in writing to obtain this.**

Have you ever served in the Armed Forces?    Yes                       No

If yes, please indicate whether you are still in the Armed Forces:    Serving                       Ex Services

Please give details:

- Dates (month/year - month/year): Total years:
- Which Service:
- Regt/Corps/Unit/Branch:

Did you see active service? If so, where and when did you serve?

Mode of Discharge:

- Demob     Dishonourable     End of Engagement     Medical/Physical
- Premature Voluntary Release     Medical /Psychiatric     Redundancy
- Service No Longer Required

Other: \_\_\_\_\_  
*Please note reason for discharge*

## Medical and Health

Do you suffer or have you suffered from significant depression or anxiety?

No  Yes  If so which?

Do you suffer from any other mental health issues? Please include all diagnosis such as **PTSD, bipolar disorder, personality disorder or obsessive compulsive disorder etc** this enables us to conduct a paper assessment and ensure we have appropriate levels of support on our courses

Do you suffer from problems with drugs/alcohol; eating; bereavement/loss; self harm etc? If so please give full details:

Do you have a psychiatrist or GP? If so, please give name:

Are you on any medication? No  Yes  If so please give full details:

Name of medication	What is it given for	Dosage	How many times per day

Is there any current or recurring medical problem/condition or medication side effect that we need to be aware of? **If So Please include all diagnosis such as Diabetes\*, heart complaints, epilepsy or any other life threatening illnesses or diagnosis**

**Do you have any dietary requirements because of any medical illnesses such as diabetes? and if so please state what these are**

**Do you have any food and medication intolerances such as Nuts or penicillin? If so please state**

Do you have a disability or impairment? Yes  No

If Yes, which one of these most closely describes you?

- |   |  |
|---|--|
| <input type="checkbox"/> Mental Health Issue    | <input type="checkbox"/> Learning difficulty/disability [including reading or writing] |
| <input type="checkbox"/> Visual Impairment      | <input type="checkbox"/> Hearing and/or speech impairment                              |
| <input type="checkbox"/> Mobility issue         | <input type="checkbox"/> Heart, circulatory and respiratory issue                      |
| <input type="checkbox"/> Neurological           | <input type="checkbox"/> Progressive/long-term condition                               |
| <input type="checkbox"/> Other, Please specify: |  |

### Confidentiality Agreement

During the course of the programme participants may disclose personal information about themselves and or other individuals. All information discussed within the programme must be treated confidentially and not made available to any third parties.

I declare that I will respect the confidentiality of all information disclosed by participants on the programme and will not pass any such information to third parties via any medium.

I understand that if I do I may be liable to removal from the programme and, if appropriate, further action may be required.

Signed:

Print Name:

Date:

### Liability Disclaimer

I declare that all the information given in this registration form is accurate and completed in full. I understand that the Warrior Programme does not accept any liability for any medication that I am on or for any accident, or illness related to any medical condition that I have while I attend the programme. In addition the Warrior Programme does not accept any personal liability for me during my attendance on the programme.

Signed:

Print Name:

Date:

### Commitment

In order to ensure that you have thought through the commitment needed to complete the programme we ask everyone on The Warrior Programme to sign the declaration below. We also require you to ask your sponsor or a trusted friend/family member to witness your commitment. This will demonstrate that you understand how important it is for you to attend all parts of the programme and have someone to support you to do this.

I will:

1. Attend every day of the Warrior Programme
2. Ensure that I make arrangements to attend and for any travel in good time
3. Contact the Warrior team as soon as possible if there are exceptional circumstances that cause me difficulties in meeting my commitment.

Participant

Signed:

Print Name:

Date:

Witness [support worker or other professional e.g. GP, Teacher]

Signed:

Print Name:

Date:

## Scientific Publication of The Warrior Programme

The Warrior Programme has proved itself to be useful to many participants who have attended the course. In order to assess the effectiveness of the programme and to assist us in further developing the programme we undertake evaluations of each course. As part of this process we ask participants to complete evaluation forms and we may follow up with those participants after the course to assess progress. We would like your permission to publicise an outline of findings so that others can find out about The Warrior Programme, and your consent to take part. Be assured that anything that is published will be anonymized (your name will not appear in anything that is made public) and any information you have given us – including the fact that you have taken part in the Warrior Programme – will remain confidential.

The information may be published in a scientific report of The Warrior Programme in a peer-reviewed scientific journal and we will also want to talk about the findings at scientific conferences and conferences related to homelessness and combat stress.

We would be grateful if you could indicate your consent to take part and your support of the publication of the findings by signing below.

### Declaration of Consent

I understand that all information is confidential and no use of this information could lead to my identification and that it will be used only for the purposes set out in this statement and that my consent is conditional on The Warrior Programme complying with its duties and obligations under the Data Protection Act 1998. I understand that my consent to publication of the findings is voluntary and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

Signed:

Print Name:

Date:

## Data Protection

All clients of The Warrior Programme should be aware that by providing the information contained within this form, you consent to The Warrior Programme holding this information confidentially for the purpose of processing your application, monitoring the effectiveness of our programme and the efficiency of our procedure. [You should also be aware that we will need to share this information with other organisations who are directly involved with this Campaign.]

All personal information held by The Warrior Programme will be dealt with in accordance with its duties and obligations under the Data Protection Act 1998.

### Declaration of consent

I declare that the information on this form is true and complete. If any details change I will notify The Warrior Programme. I understand that if it is subsequently discovered that any statements from me are false or misleading, I will be liable to have my application disqualified or be dismissed from The Warrior Programme.

Signed:

Print Name:

Date:

**Please complete this form and send it to:**

Course Coordinator, The Warrior Programme, c/o Sir Oswald Stoll Foundation, 446 Fulham Road, London SW6 1DT