**THRIVE REGISTRATION FORM**

Thrive is a new and exciting project which is intended to help facilitate individuals back into the workplace with lots of support and on-going training available. It will be a volunteer-based placement initially in a relevant setting leading into potential paid employment.

**(\*Required)**

**1. Please share your full name** \*

|  |
| --- |
|  |

**2. What is your date of birth and gender?** \*

|  |
| --- |
|  |

**3. Address inc postcode** \*

|  |
| --- |
|  |

**4. Contact number** \*

|  |
| --- |
|  |

**5. Email address** \*

|  |
| --- |
|  |

**6. Emergency contact details (In the event of an emergency, please share who you would like us to contact)** \*

|  |
| --- |
|  |

**7. What is your current employment status?**

[ ] Unemployed and claiming benefits

[ ]  Unemployed not claiming benefits

[ ]  Volunteer

[ ]  Currently in education (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. How did you hear about the project? \***

**External**

[ ]  ICC

[ ]  Family Centre

[ ]  School

[ ]  CYCA Hwb

[ ]  Social Media/Thrive Facebook page

[ ]  College

[ ]  Other CYCA projects

**9. The Thrive project can offer a range of training days at our centre. Are you able to access our CYCA wellbeing centre at Llanelli North Dock?** \*

[ ]  Yes

[ ]  No

 **10. What would be your desired outcome of attending the Thrive project? (HQ)** \*

[ ]  Improve connections within your community (meeting new people)

[ ]  Learning new skills (training, volunteering)

[ ]  Improve emotional health and wellbeing by increasing resilience and
 confidence.

[ ]  Gain employment/become self-employed

[ ]  Undertake volunteering

[ ]  All of the above

Do you have any health conditions that may prevent you from undertaking some of the volunteering?

**If yes, please share details of allergies, important information or health conditions that the team would need to be aware of in order to support you.**

|  |
| --- |
|  |

**11. Are you currently registered with a GP or other external service for physical or
 mental support?**

[ ]  **Yes**

[ ]  **No**

If yes please provide details

|  |
| --- |
|  |

**12.** Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks. \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STATEMENTS** | **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**[ ]  |

**Please can all forms be returned to Rachel Selby** **rachel@cycaonline.org**

**01554 776178**

***All information taken is kept under GDPR guidance and stored in a secure space to protect your data. All data is anonymised for reporting purposes to Carmarthenshire County Council and Westminster Central Government.***

**Equal Opportunities Monitoring**

**CYCA** wish to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the Learners in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The following information will be treated as confidential by CYCA. CYCA will however refer to this data when reporting to funders. The data will be anonymised for the purposes of the funders reporting requirements.

**Gender:** [ ]  Male [ ]  Female [ ]  Transgender [ ]  Non-binary
 [ ]  Gender Fluid [ ]  Prefer not to say

**Are you married or in a civil partnership?** [ ]  Yes [ ]  No [ ]  Prefer not to say

**Age:** [ ] 16-18 [ ]  19-24 [ ]  25-29 [ ]  30-34 [ ]  35-39 [ ]  40-44 [ ]  45-49

 [ ]  50-54 [ ]  55-59 [ ]  60+ [ ]  Prefer not to say

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**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

**White**

English [ ]  Welsh [ ]  Scottish [ ]  Northern Irish [ ]  Irish [ ]

British [ ]  Gypsy or Irish Traveller [ ]  Prefer not to say [ ]

Any other white background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mixed/multiple ethnic groups**

White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]  Prefer not to say [ ]

Any other mixed background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asian/Asian British**

Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Prefer not to say [ ]

Any other Asian background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black/ African/ Caribbean/ Black British**

African [ ]  Caribbean [ ]  Prefer not to say [ ]

Any other Black/African/Caribbean background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you speak Welsh**? [ ]  Yes [ ]  No

**What is your sexual orientation?**

Heterosexual [ ]  Gay woman/lesbian [ ]  Gay man [ ]  Bisexual [ ]  Asexual [ ]

Prefer not to say [ ]

If you prefer to use your own term, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your religion or belief?**

No religion or belief [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]

Muslim [ ]  Sikh [ ]  Prefer not to say [ ]

 If other religion or belief please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have caring responsibilities? If yes, please tick all that apply**

None [ ]

Primary carer of a child/children (under 18) [ ]

Primary carer of disabled child/children [ ]

Primary carer of disabled adult (18 and over) [ ]

Primary carer of older person [ ]

Secondary carer (another person carries out the main caring role) [ ]

Prefer not to say [ ]