

## Dorset Mind Your Head (DMYH) Wellbeing Check-in Service registration form

The primary aim of the DMYH wellbeing check in service is to provide emotional support and guidance for children and young people (age 11-25) with low to medium mental health needs, thereby improving their emotional wellbeing. We achieve this by supporting participants to build confidence, self-esteem, self-efficacy and resilience through weekly or fortnightly check-ins, offering an impartial listening ear and gentle guidance via phone or Zoom. These check-ins are offered for up to 6 months.

The service is delivered by a team of trained and experienced volunteers. For more details, please visit <https://dorsetmindyourhead.co.uk/services/wellbeing-checkin/>.

To participate in the wellbeing check-in service please complete the registration form and questionnaire below and return to [dmyh@dorsetmind.uk](mailto:dmyh@dorsetmind.uk), or post to the address above.

Name & surname:	Date of birth:
Gender:	Religion:
Ethnicity:	
Email:	Mobile/phone no:
Home address:  Postcode:	
Any health issues (please include any diagnoses):  	
Please briefly describe your current situation and what are you hoping to gain from the wellbeing check-in service:    	
Emergency contact name:  Relationship to you:	

Telephone number:	
GP practice name:	GP contact number:
Do you or your parent/ carer currently, or have previously, served in the armed forces?	Yes/ No

**Parental/Carer consent**

**If under 13, parental/carers consent must be obtained by signing below.**

We recommend that parents/carers of participants under 18 are kept informed of the young person's engagement in Dorset Mind's services, unless expressly requested otherwise.

I give my child/young person permission to participate in the wellbeing check-in service.

Name & surname:

Relationship to child/young person:

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

**Personal Information**

Your personal information is requested for the following reasons:

- to contact you about changes or cancellations to sessions days or times
- to inform you of other relevant events and in order to be able to identify you to another agency in the event of an emergency (e.g. your GP, Community Mental Health Service, Emergency Services).

All the identifiable information you provide is kept in the strictest confidence according to the General Data Protection Regulations 2018. Any information used for statistical analysis is anonymised and will not identify you personally.

- Please tick this box for our marketing team to contact you with relevant information.**
- Please tick this box for our volunteering team to contact you with relevant information.**

**GP contact information**

There are circumstances in which we may have to disclose information about you or information that you have shared with us to a third party in accordance with the Care Act 2014. For example, if you share something which means that you, a vulnerable person (an adult, child or young person under 18) or members of the public may be at risk of significant harm we would need to contact the relevant emergency services. If you are at risk of significant harm, we may need to contact your GP, CAMHS/Community Mental Health Team or another emergency service. If we need to disclose information about you to a third party, we will discuss with you who we need to contact and why. The reasons we may do this are set out in our Privacy notice, along with how you can access any information that we hold about you. This privacy notice can be viewed at <https://dorsetmind.uk/privacy-policy/> or you can request a copy by emailing [dmyh@dorsetmind.uk](mailto:dmyh@dorsetmind.uk).

In order to register for the Well-Being Check In Service, please fill in the Strengths and Difficulties Questionnaire either online at <https://www.surveymonkey.co.uk/r/V8NRDHL>, or by completing the information below and returning it with your application form.

### Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Name: .....

Date: .....

	Not true	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others (food, games, pens etc.)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to myself			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, down-hearted or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often volunteer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Signed: .....