



**REACHING COMMUNITIES PROJECT**

***Engagement Form***

By email: bradford@togetherwomen.org

By phone: 01274 301 470

By post: Carlisle Business Centre, Unit 13, 60 Carlisle Road, Bradford, BD8 8BD

|  |
| --- |
| **Contact details** |
| **Title:**  | **First Name:**  | **Surname:**  | **Date of Birth:**       |
| **Address:**       |
| **Postcode**:  | **Contact Details:**  |
| **My first language is:**  |
| English [ ]   | French [ ]  | Russian [ ]  | Urdu [ ]  |
| Chinese [ ]  | Polish [ ]  | Slovak [ ]  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  |
| Czech [ ]  | Punjabi [ ]  | Spanish[ ]  | I need an interpreter [ ]  |

|  |
| --- |
| **Support Needs** |
| Woman with history of previous offending  | Women who have experienced abuse/violence  | Women living in poverty (benefits/debt/lone parent)  |
| Women working in prostitution  | Women with mental health Issues  | Women with children in care or adopted  |
| Women misusing drugs and/or alcohol | Women homeless or Vulnerably housed  | Woman with family with history of offending  |
| **Diversity Details** |
| **I would describe my ethnic origin as:** |
| White British  | [ ]  | Bangladeshi | [ ]  | North American:\_\_\_\_\_\_\_\_\_\_ | [ ]  |
| Black British | [ ]  | Caribbean: \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | Pakistani | [ ]  |
| Mixed British | [ ]  | Chinese | [ ]  | South American:\_\_\_\_\_\_\_\_\_\_ | [ ]  |
| Asian British | [ ]  | Eastern European | [ ]  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  |
| African: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | Other European:­\_\_\_\_\_\_\_\_\_ | [ ]  | Other Mixed Ethnic Background | [ ]  |
| Arab | [ ]  | Indian | [ ]  | Do not wish to answer | [ ]  |
| **I would describe my sexuality as:**  |
| Heterosexual [ ]   | Bisexual [ ]  | Lesbian [ ]  | I do not wish to answer [ ]  |
| **I would describe my religion as:**  |
| Name of religion:  | None [ ]  | I do not wish to answer [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you class yourself as having a disability or special needs?** | Yes [ ]   | No [ ]  | I do not wish to answer [ ]  |
| If yes please give details below:       |
| **Are there any agencies already providing you with support?** |
| **Agency**:  |
| **Worker**:       |
| **Contact number:** | **Email address:** |
| **Would you like us to contact them:** Yes [ ]  No [ ]  |
| **Are you the referring agency?** Yes [ ]  No [ ]  |
| **Are there any risks associated e.g. self-harm or harm to others?** |
|  |
| **Additional Information. What kind of support would you like?**  |
|  |
| **What support would you like to access?** |
| Anger Management [ ]  | Healthy Relationships [ ]   | Stronger Families [ ]  |   |
| CGL Drug/Alcohol [ ]  Advisor | Womens Wellness [ ]  Group  |   | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Confidence Building [ ]  | Job Centre Plus Worker [ ]   |   |
| **Date:**  |

**The information you give on this form will be held in confidence**