[](http://www.biglotteryfund.org.uk/)



**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**