

## WE CAN REGISTRATION FORM

By completing this form we can register you onto the We Can Project.

### PART A: PERSONAL INFORMATION

|   |                    |                          |  |
|---|--------------------|--------------------------|--|
| <b>Unique Reference Number</b>          | <i>Office only</i> | <b>Registration Date</b> |  |
| <b>Name:</b><br>(first and family name) |                    |                          |  |
| <b>Date of Birth</b><br>(dd/mm/yyyy)    |                    |                          |  |
| <b>Address</b>                          | Line 1             |                          |  |
|   | City               |                          |  |
|   | Postcode           |                          |  |
|   | Home phone         |                          |  |
|   | Mobile phone       |                          |  |
|   | Email              |                          |  |

|               |                   |  |
|---------------|-------------------|--|
| <b>Gender</b> | Male              |  |
|               | Female            |  |
|               | Transgender       |  |
|               | Other             |  |
|               | Prefer not to say |  |

|                  |                              |  |
|------------------|------------------------------|--|
| <b>Sexuality</b> | Heterosexual                 |  |
|                  | Lesbian, gay man or bisexual |  |
|                  | Prefer not to say            |  |

|                  |       |  |       |  |
|------------------|-------|--|-------|--|
| <b>Age Group</b> | 15-19 |  | 45-64 |  |
|                  | 20-24 |  | 65-74 |  |
|                  | 25-44 |  | 75+   |  |

|                 |           |  |                   |  |
|-----------------|-----------|--|-------------------|--|
| <b>Religion</b> | Christian |  | Rastafarian       |  |
|                 | Hindu     |  | Buddhist          |  |
|                 | Muslim    |  | No Religion       |  |
|                 | Sikh      |  | Other             |  |
|                 | Jewish    |  | Prefer not to say |  |

|                      |  |
|----------------------|--|
| <b>Home Language</b> |  |
|                      |  |

| Ethnicity | White   |
|-----------|---|
|           | White: English / Welsh / Scottish / Northern Irish / British            |
|           | White: Irish  |
|           | White: Gypsy or Irish Traveller   |
|           | White: Any other (please specify)                                       |
|           | Mixed / Multiple ethnic group   |
|           | Mixed / Multiple ethnic group: White and Black Caribbean                |
|           | Mixed / Multiple ethnic group: White and Black African                  |
|           | Mixed / Multiple ethnic group: White and Asian                          |
|           | Mixed / Multiple ethnic group: Any other (please specify)               |
|           | Asian / Asian British   |
|           | Asian / Asian British: Indian   |
|           | Asian / Asian British: Pakistani  |
|           | Asian / Asian British: Bangladeshi                                      |
|           | Asian / Asian British: Chinese  |
|           | Asian / Asian British: Any other (please specify)                       |
|           | Black / African / Caribbean / Black British                             |
|           | Black / African / Caribbean / Black British: African                    |
|           | Black / African / Caribbean / Black British: Caribbean                  |
|           | Black / African / Caribbean / Black British: Any other (please specify) |
|           | Other ethnic group  |
|           | Other ethnic group: Arab  |
|           | Other ethnic group: Any other (please specify)                          |

| Disability | Do you consider yourself to have a disability? |  |                   |
|------------|--|--|-------------------|
|            | Yes  |  | Prefer not to say |
|            | No   |  |                   |

**PART B: ACTIVITIES AND SOCIAL RELATIONSHIPS**

**1 Are you a member of any of these organisations, clubs or societies?**

| GROUP / ORGANISATION                                   | Please Tick if Yes |
|--|--------------------|
| Political party, trade union or environmental groups   |                    |
| Tenants groups, resident groups, neighbourhood watch   |                    |
| Church or other religious groups                       |                    |
| Charitable associations                                |                    |
| Any other organisation ( <i>please specify below</i> ) |                    |
|  |                    |

**2a Do you attend or do you participate in any of the following activities or classes, and how often?**

| <b>ACTIVITY / CLASS TYPE</b>   | <b>More than twice a week</b> | <b>Once or twice a week</b> | <b>Once or twice a month</b> | <b>Less than once a month</b> | <b>Not at all</b> |
|--|-------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------|
| Sports clubs, gyms, exercise classes   |                               |                             |                              |                               |                   |
| Education, arts, cooking, crafts or music groups, or evening classes           |                               |                             |                              |                               |                   |
| Social clubs (e.g. book clubs, games / playing cards clubs, other)             |                               |                             |                              |                               |                   |
| Online / Internet communities (e.g. Facebook, gaming, support groups)          |                               |                             |                              |                               |                   |
| Support groups (e.g. wellbeing, mental health, health conditions, bereavement) |                               |                             |                              |                               |                   |

**2b Would you be interested in getting involved in or participating in a new group or activity? If your answer is yes please specify below**

| <b>Activity or group</b>   | <b>Please tick if Yes</b> | <b>Please specify what you would be interested in</b> |
|--|---------------------------|---|
| Sports clubs, gyms, exercise classes   |                           |   |
| Education, arts, cooking, crafts or music groups, or evening classes   |                           |   |
| Social clubs (e.g. book clubs, games / playing cards clubs, other)   |                           |   |
| Online / Internet communities (e.g. Facebook, gaming, support groups)  |                           |   |
| Support groups (e.g. wellbeing, mental health, health conditions, bereavement)   |                           |   |
| Volunteering or offering your time to support the We Can project<br><i>If the answer is yes, please complete Question 10</i> |                           |   |

**3 How long have you lived in the area?**

| How long         | Please tick one |
|------------------|-----------------|
| Less than 1 year |                 |
| 1 – 2 years      |                 |
| 2 – 5 years      |                 |
| 6-10 years       |                 |
| 10 years +       |                 |

**4 How do you feel about this area? Please tick one box on each line.**

| STATEMENT  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Not relevant |
|--|----------------|-------|----------------------------|----------|-------------------|--------------|
| I really feel part of this area  |                |       |                            |          |                   |              |
| I never feel lonely living in this area  |                |       |                            |          |                   |              |
| Most people in this area can be trusted  |                |       |                            |          |                   |              |
| Most people in this area are friendly  |                |       |                            |          |                   |              |
| If you were in trouble, there are lots of people in this area who would help you |                |       |                            |          |                   |              |

**5 Are there any family members (other than a spouse/partner) you see regularly and have a close relationship with?**

YES Go to 6  
NO Go to 7

**6 How many of your family members (other than your spouse/partner) do you see regularly and have a close relationship with? Please write the number in the box.**

**7 Do you have any friends you see regularly?**

YES Go to 8  
NO Go to 9

**8** How many of your friends would you say you have a close relationship with?  
*Please write the number in the box.*

|  |
|--|
|  |
|--|

**9** For each of the following 6 statements, please indicate the extent to which they apply to your situation, the way you feel now

| QUESTION   | Yes | More or Less | No |
|--|-----|--------------|----|
| 1   I experience a general sense of emptiness (EL)                     |     |              |    |
| 2   There are plenty of people I can lean on when I have problems (SL) |     |              |    |
| 3   There are many people I can trust completely (SL)                  |     |              |    |
| 4   There are enough people I feel close to (SL)                       |     |              |    |
| 5   I miss having people around me (EL)                                |     |              |    |
| 6   I often feel rejected (EL)   |     |              |    |

**Thank you very much for your help.**

|   |  |                             |
|---|--|-----------------------------|
| <b>Service User Statement</b>   | I would like to be kept informed about We Can activities | <b>State Yes or No here</b> |
| I agree for my personal information to be stored securely and shared between staff members for the sole purposes of the We Can project. This allows the We Can team to evaluate the effectiveness of the project and to make referrals to other We Can partners and services. |  |                             |
| <b>Signature</b>  |  |                             |

**Thank you for being involved in the We Can Project!**

**PART C: GETTING INVOLVED IN THE WE CAN PROJECT**

**THE QUESTIONS BELOW ARE FOR THOSE INTERESTED IN VOLUNTEERING OR CONTRIBUTING THEIR TIME TO THE WE CAN PROJECT**

**10 The We Can project will support the personal development and training needs of anyone who wants to contribute their time, energy, experience and skills to reaching and engaging people who experience social isolation and loneliness.**

**Tell us below how we can support you:**

| DEVELOPMENT / SUPPORT   | Please tick if Yes | Tell us more / what specifically you would be interested in |
|---|--------------------|---|
| IT and technology training<br>e.g. using a computer, social media, setting up an online group, etc. |                    |   |
| Career development  |                    |   |
| General volunteering skills and knowledge development   |                    |   |
| Setting up your own group or activity   |                    |   |
| Confidence building   |                    |   |

**11 OPTIONAL QUESTION - Tell us about a cause or issue you are really passionate about in the box below**