



Virtual Peer Support Session Registration

Please email this completed form to: peersupport@sussexpartnership.nhs.uk

Your Information:

First Name:

Middle Names:

Surname:

Date of Birth:

Address:

Email Address:

Contact Telephone Number:

Emergency Contacts Information-

Mental Health Service and Telephone Number (if you are receiving SPFT support):

Lead Practitioner Name (if known):

Other emergency contact telephone number:

Supporting You:

Which (if any) of the following statements do you identify with?

Blind/sight impaired

Deaf/hearing impairment

Dementia (e.g. Alzheimer's Disease)

Neurodevelopmental condition (e.g. Asperger's Syndrome, autism)

Dyslexia

Other including unseen illnesses (e.g. diabetes, epilepsy) - please state:



Any other support you may need to access these sessions (please give a brief summary)

Your information and data will only be shared with the peer support team and your attendance will be registered on your care records, with the purpose of offering you the best service in the form of a safe and supportive space.

Information collected through this registration form will be kept confidential within the Sussex Partnership NHS Foundation Trust secure system. (Data Protection Act 2018)

If we have significant concerns for your safety and wellbeing whilst you are attending our sessions, we have a duty of care to keep you safe and take necessary steps to do so.