

Application Form

Date: _____

1. Personal Information

First Name: _____

Address: _____

Last Name: _____

City & Postcode: _____

Legal Name
(if different): _____

Email address: _____

Date of Birth: _____

Phone Number 1: _____
Cell ☐ Home ☐ texts ok ☐

Pronouns: _____

Phone Number 2: _____
Cell ☐ Home ☐ texts ok ☐

2. Emergency Info

Contact Name: _____

Phone Number 1: _____
Cell ☐ Home ☐ texts ok ☐

Relationship: _____

Phone Number 2: _____
Cell ☐ Home ☐ texts ok ☐

Do you have any emergent medical conditions such as a severe allergy? Yes, I do ☐
No, I do not ☐

If yes, do you carry emergency medication such as an Epi-Pen?

Yes, I do ☐ No, I do not ☐

If yes to either of the above, or if you have any accessibility needs, please use this space to tell us more.

3. How did you hear about us?

If you were referred by a professional please include the organization they work for.

Application Form

4. Consent

Consent is an ongoing process. If you ever change your mind about the consent given below, please let us know so we can update your file. We always ask our members before sharing any personal information.

Can the Clubhouse contact you for outreach calls
(semi-regular check-ins to see how you are doing)?

Yes ☐ No ☐

If yes, how often would you like us to contact you for outreach?
and, how would you prefer to receive outreach? phone ☐ text ☐ email ☐

Can the Clubhouse include you in our mailing list, in which we send important information to members including monthly calendars, monthly newsletters, and other important Clubhouse updates?

Yes ☐ No ☐

Can the Clubhouse upload photos of you to our social media pages
(ie Facebook & Instagram) and our monthly newsletter?

Yes ☐ No ☐

We will always ask before taking any photos.

We also ask that members read and sign the Personal Information & Protection of Privacy form, which is attached to this application. It outlines how and why we collect, store, and use, any information we collect about our members (such as the information provided in this application form)

5. Membership

Do you have a diagnosed mental illness?* Yes, I do ☐ No, I do not ☐

Do you have a recent history of violence?** Yes, I do ☐ No, I do not ☐

**To qualify for membership, you must have a primary diagnosis of mental illness.*

***In order to maintain a safe environment, we may not be able to offer membership to those who have a recent history of violent or aggressive behavior. However, a history of violence does not necessarily mean you are not eligible for membership. If you have had a recent incident, please briefly explain in the space below, and indicate the year.*

Member Signature: _____

Date: _____

Referral

In order to confirm members have a primary diagnosis of mental illness, we ask that a Referral Form be completed by a mental health professional.

Option One

I am connected to a mental health professional. I would like Connections Place to contact them on my behalf to obtain the referral.

*(fill out the Consent to Release & Receive Information Form on the **bottom of this page**)*

Option Two

I am connected to a mental health professional. I will bring them the referral form (**back of this page**) to fill out, and I will return it once it is completed.

Option Three

I am not connected to any mental health professional. I would like Connections Place to help me connect with someone who can refer me to the Clubhouse.

(speak to someone at the Clubhouse for help)

A mental health professional can be any counsellor, therapist, case worker, doctor, nurse practitioner, support worker, or other professional who works in the mental health field.

Option 1: Consent to Release & Receive Information Form

Connections Place Society respects and upholds an individual's right to privacy. In order to determine eligibility for services and provide assistance in meeting the needs of members, we may need to contact external service providers and discuss and/or receive information about you.

For the purposes of determining eligibility and meeting my needs, I, _____, give consent to authorized representatives of Connections Place Society to contact:

Name of mental health professional: _____

Organization: _____

Address: _____

Phone #: _____

Fax #: _____

I understand this is a continuing consent that remains valid until I revoke it in writing to the Privacy Officer at Connections Place Society. Consent can be withdrawn at any time, however, I acknowledge that withdrawal of consent may delay or otherwise impact the services provided to me.

Member Signature: _____

Witness Signature: _____

Date

Referral

Option 2: Referral Form (to be completed by a mental health professional)

Re: Patient/Client Name: _____

Contact: _____

Dear Mental Healthcare Professional:

In order to accept your patient/client as a member at Connections Place Clubhouse, a few criteria must be considered.

1. Does the individual have a primary diagnosis of mental illness? Yes, they do ☐
No, they do not ☐

If yes, disclosure of the specific diagnosis is optional, and your patient/client will have the choice of whether to do so as part of their application.

2. Does the individual have a history of violent or verbally aggressive behaviour? Yes, they do ☐
No, they do not ☐
If yes, please briefly explain and indicate the year of the most recent event:

3. How long have you known this individual? _____

Membership at Connections Place Clubhouse is free, voluntary, and does not expire.

If this form has been faxed or emailed to you, please see the attached Consent To Release & Receive Information Form signed and dated by your patient/client.

Please feel free to contact us for more information regarding Connections Place Clubhouse.

Mental Healthcare Professional

Name: _____

Organization: _____

Phone/Email: _____

Signature: _____

Date: _____

Form must either be
stamped in this space or
returned by Fax for
verification purposes

Personal Information & Protection of Privacy

Last updated: November 2023

General

Connections Place Society respects and upholds an individual's right to privacy and protection of their personal information. Connections Place Society is committed to ensuring compliance with applicable privacy legislation and has developed policy and practices to achieve this end. Connections Place Society maintains a Privacy Officer who is responsible for the agency's compliance with this policy.

Purposes for Collection, Use & Disclosure

Collecting personal information is essential in order to be able to meet the needs of members, donors, employees, volunteers and/or authorized third parties. While the personal information Connections Place Society collects may come directly from the individual to whom the information relates, it may also be provided through third parties. Because the nature of Clubhouse work engages both staff and members, member information – specifically contact information – may be shared with members performing administrative or reach-out tasks.

Personal information may be used:

- To determine eligibility for services
- To understand and assess members' ongoing needs and offer services and/or referrals that would best meet those needs
- For billing and accounting purposes
- To administer payroll, benefits, and other services to employees
- To comply with legal and regulatory requirements
- To administer programs and services with employees, volunteers, and members
- To comply with contractual obligations with funders
- To communicate for purposes related to the work of the organization
- To recognize contributions to the work of the organization

Personal information may also be used for other purposes, subject to Connections Place Society obtaining prior consent for such use.

Disclosure of Personal Information to Third Parties

The only circumstances under which personal information may be disclosed to third parties is for the fulfillment of purposes identified above, or as required by law. When personal information is disclosed to third parties, Connections Place Society shall ensure that appropriate security measures are in place to protect its transfer and use.

Personal Information & Protection of Privacy

Limiting Collection, Use, Disclosure & Retention of Personal Information

Connections Place Society collects personal information only for the purposes identified above. Any information collected for purposes not identified above shall be done only by consent of the parties involved. Connections Place Society shall neither use nor disclose personal information for any purpose other than that for which it was collected, except with consent or as required by the law. Personal information shall be retained only as long as necessary for the fulfillment of the purposes for which it was collected, or as required by the law. Connections Place Society shall make all reasonable efforts to ensure that personal information is accurate, complete, and current, as required for the purposes for which it was collected.

Security & Storage of Personal Information

Connections Place Society protects personal information with appropriate security safeguards including physical, administrative, and electronic safety measures. Connections Place uses a Client Relationship Management (CRM) software program called Better Impact to store member information. Better Impact incorporates many of the same mission-critical security and privacy protections as those used by online banking services. Additionally, Better Impact uses a layered approach to security, and strives to follow industry standard 'best practices' at each level. Security begins with the physical security of the Better Impact data center, continues to network security, and ends with the protection of the data itself. We also store some information using Google Drive. We do not allow storage in Google Drive of higher-risk information such as contact details, private health information, legal matters, or personal matters. It is important to note that Google Drive servers are located in the United States.

Access to Personal Information

Members have the right to access their personal information under the control of Connections Place Society. The Privacy Officer will assist with access requests. In certain exceptional situations, Connections Place Society may not be able to provide access to personal information that it holds about an individual. If access cannot be provided, Connections Place Society will notify the individual in writing of the reason for refusal. A response to a request for access to personal information shall be provided within 30 days of receipt of request.

Responsibility

Connections Place Society is not responsible for injury or illness from attendance, loss of personal possessions, activities, or meals at or related to the Clubhouse.

Questions or Concerns Regarding Privacy

Questions or concerns regarding this policy and/or Connections Place Society's compliance with it should be directed to:

Privacy Officer, Connections Place Society
103-1803 Douglas street, Victoria, BC V8T 5C3
250-483-3748

Member name: _____

Member Signature: _____

Witness Signature: _____

Date