

# AleX Higgins Academy Registration Form

Please tell us a little bit about yourself...

What do we do with this information?

We use the information to offer you the right treatment, support and advice and to match you with the right service and member of staff.

Your answers also help us to get a brief understanding of who you are and your needs.

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\* Required

1. Email \*

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2. First Name \*

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3. Middle Names

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4. Last Name: \*

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5. Date of Birth \*

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*Example: January 7, 2019*

6. Age \*

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7. Gender \*

*Mark only one oval.*

- Male
- Female
- Trans
- Non-binary
- Prefer not to say
- Other: \_\_\_\_\_

8. Preferred pronoun (Optional)

\_\_\_\_\_

9. Current Address: \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Post Code: \*

\_\_\_\_\_

11. Mobile Phone Number \*

\_\_\_\_\_

12. Home Phone Number (Optional)

\_\_\_\_\_

13. Email Address \*

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14. Parent/guardian/carer Name (if under 18 years old):

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15. Parent/guardian/carer Phone Number (if under 18 years old):

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16. Parent/guardian/carer Email Address (if under 18 years old):

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17. Emergency Contact Name \*

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18. Emergency Contact Phone Number \*

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19. Emergency Contact Email Address

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20. Occupation \*

*Mark only one oval.*

- Student
- Work (Full-Time)
- Work (Part-time)
- Not in Education, Employment or Training (NEET)
- Other: \_\_\_\_\_

21. Place of work or study

\_\_\_\_\_

22. Ethnicity & Diversity \*

Mark only one oval.

- White (English/Welsh/Scottish/Northern Irish or British)
- White (Irish)
- White (Gypsy or Irish Traveller)
- Any other White background
- Black (Caribbean)
- Black (African)
- Any other Black / African / Caribbean background
- Mixed / multiple ethnic groups (White and Black Caribbean)
- Mixed / multiple ethnic groups (White and Black African)
- Mixed / multiple ethnic groups (White and Asian)
- Any other Mixed / Multiple ethnic background
- Asian / Asian British (Indian)
- Asian / Asian British (Pakistani)
- Asian / Asian British (Bangladeshi)
- Asian / Asian British (Chinese)
- Any other Asian background
- Other ethnic group (Arab)
- Other ethnic group
- Other: \_\_\_\_\_

23. Name of Doctor

\_\_\_\_\_

24. Doctor Surgery Address:

\_\_\_\_\_

25. Details of medication (prescribed and unprescribed):

\_\_\_\_\_

26. Do you consider yourself to have a learning difficulty, disability, physical health \*  
or mental health problem? (please state):

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27. Do you currently have a social worker supporting you and your family \*

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28. Do you receive any support from other professional agencies \*

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29. Do you smoke? If so, please provide details of the substance \*  
(cigarettes/tobacco/marijuana etc.)

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30. Any history of aggression, arson, acid or sexual offences: \*

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31. AleX Higgins Academy Service you would like to access \*

*Mark only one oval.*

- Mentoring
- Mentoring (For vulnerable or disadvantaged individuals or communities)
- Mentoring (Through Sport & Exercise)
- Counselling
- Training & Workshops
- Individualised Exercise Plan
- Mental Skills training (MST)
- Other: \_\_\_\_\_

32. Area(s) you would like support in \*

*Mark only one oval.*

- Abuse
- Academic Support
- Addiction(s)
- Anxiety
- Bereavement
- Bullying
- Careers Advice & Guidance (CAG)
- Career Counselling
- Child-related issues
- Confidence
- Consequential Thinking / Decision Making
- Depression / Low Mood
- Depression
- Discrimination
- Domestic violence
- Family issues
- Health Living (Health & Physical Health)
- Goal Setting
- Identity
- Loneliness
- Low mood
- Managing Emotions
- Managing Social relationships (friends / family / peers / colleagues)
- Panic attacks
- Pregnancy or Infertility
- Relationship problems (e.g. affairs, separation or divorce)
- Relationships / Consent
- Self-esteem
- Self-harm
- Sexuality
- Spirituality
- Stress (including academic stress / work-related stress / financial stress )
- Trauma



Other: \_\_\_\_\_

33. What are a few key things you would like AleX Higgins Academy to help you with

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34. Your availability

*Check all that apply.*

	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4p
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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35. I consent to information about me being used in research about AleX Higgins Academy to improve services. I understand that my name will not appear in any reports, articles or presentations and that my confidentiality will be respected at all times. \*

*Mark only one oval.*

Yes

No

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