**Peer Support Engagement Questionnaire**

The information within this Questionnaire will be kept **confidential**

* By submitting this Questionnaire **unless you declare otherwise,** you **consent to receive** information from the Peer Support Workers using the contact details you provide, **eg. your email and phone number**
* Also, by submitting this questionnaire **we make the assumption you ARE interested** in the Peer Support service
* If you feel Peer Support is not for you, then there is no need to return this Questionnaire to us. If however you change your mind at any time, you are welcome to return this at a later date
* **Please be mindful that we review our returned Questionnaires in the order we RECEIVE them back.**

Please acknowledge **below** that the above statements are **understood** by you:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| * **I understand the above statements** |  | ***For your information***  *If you do not consent to communications via email or phone/text, then we shall send you letters in the post.* |
| * **I consent to communication via email** |  |
| * **I consent to communication via phone/text** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Details – please complete** | | | |
| **Your current legal name:** |  | | |
| **Your Preferred Name:** |  | | |
| **Your pronouns:** |  | **Your phone number:** |  |
| **Your Email Address:** |  | | |

We will use your preferred name and pronouns during our interactions, however on some occasions your legal name needs to be used on letters and documents, until you obtain a **Deed Poll / Change of Name Deed**. **If you already have one please send a copy to us, and we can update our records**

**Q1: Which format of Peer Support you would prefer; you can choose more than one:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attend Anywhere** |  | **Voice Calls** |  | **E-Peer-Pal** |  |

**Important:** PSWs are not medically trained so cannot give \*specific\* medical advice but can discuss information resources and treatments from our own personal experiences and acquired knowledge.

**Please bear this in mind when answering the questions.**

**\*Fyi – the text boxes will get bigger as you type if they need to\***

**Q2: What support do you currently have** (i.e. from friends, family, professional, Internet etc)?

|  |
| --- |
| **[type here]** |

**Q3: Is there any additional support and information would you like, to assist you in your current transition?**

|  |
| --- |
| **[type here]** |

**Q4: Do you have any health issues that we should be aware of (physical/mental)?**

|  |
| --- |
| **[type here]** |

**Availability**

* For **online** appointments using **Attend Anywhere**, **a suitable device and internet connection** will be required
* We assign **1.5 hour** for the initial appointment, then **1 hour** for any following appointments (subject to circumstances and needs)
* For **E-Peer-Pal**, in the interest of fairness we assign the same amount of time to read and respond to your email - the **E-Peer-Pal Guidelines and Etiquette** document explains this in more detail
* In any format, when a first appointment time and date are identified, we will send you a letter to this effect which will include the relevant **instructions** and **protocols** for the appointment

**Q5:** Please check the box to show you **are** available:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Important**   * *The times given are a* ***guide*** *for us to cross reference our calendars, and NOT appointment times* * *Note that we are* ***not available*** *during the* ***weekends*** * *Where we cannot meet your availability, we will try our best to offer an appointment* ***as close to*** *your free time as we can* |
| **1000 – 1200** |  |  |  |  |  |
| **1200 – 1400** |  |  |  |  |  |
| **1400 – 1600** |  |  |  |  |  |
| **Any time** |  |  |  |  |  |
| **Any extra info that may help us identify a suitable time, please note below:** | | | | | | |
| **[type here]** | | | | | | |

**Thank you for completing our Questionnaire.** We will review this and get back to you as soon as we can

**Please return as an email attachment to:**

[**porterbrooksupport@shsc.nhs.uk**](mailto:porterbrooksupport@shsc.nhs.uk)