

# Pole to Pole

## Application Form



Please complete the following questions and return to the address at the end of this form.

**Your reason for attending (please circle) ...**

I have a diagnosis of bipolar.

I experience extreme high and low moods, but do not have a formal diagnosis of bipolar.

I support someone with bipolar or extreme high/low moods.

I am their...

Spouse

Partner

Boyfriend/Girlfriend

Brother/sister

Parent

Son/Daughter

Other family (please state).....

Friend

Colleague

I support someone with bipolar or extreme high/low moods in a professional/voluntary capacity.

I am their...

CPN

Psychiatrist

GP

Support worker

Befriender

Other (please state) .....

**Where did you hear about Pole to Pole?**

.....  
.....



### About you...

Your Name .....

Your Address .....

.....

Postcode .....

Your Home Telephone Number .....

Your Mobile Telephone Number .....

Your Email Address.....

How would you prefer to be contacted? .....

### Your GP...

GP Name .....

GP Address.....

.....

Postcode .....

GP Telephone Number .....

### In case of emergency contact ...

Name.....

Telephone Number.....

### More information ...

Please TICK times that you would usually be available.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning					
Afternoon					
Evening					

Are there any issues for you in attending the groups that it may be helpful for the facilitators to be aware of? Will you require any specific assistance?

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## Informing other people...

Is there anyone else you know who you think may be interested in finding out more about Pole to Pole? Is there a family member, partner, friend or health professional who you think could benefit from Pole to Pole? This might be someone who supports you, or someone who themselves requires support.

*If yes we would encourage you to tell them about Pole to Pole. Please pass on our details and ask them to contact us. We will send them information about getting involved in Pole to Pole.*

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The above information will be kept securely by NHS Fife Psychology Department. NHS Fife will treat the above information in the strictest confidence and will destroy it after six years. NHS Fife will not share this information with any other parties except where you have given permission to do so.

Pole to Pole is a collaboration with Fife Bipolar Group and they would like to be able to send you updates about Fife Bipolar Group and their meetings. Details will not be used for any other purpose. Would you like the contact information (i.e. name, address, email) you have provided on this form to be passed on to Fife Bipolar Group?

*Please circle:*        **YES**   **NO**

**I have read and understood the information above. Please contact me to discuss my attendance and to provide more information about Pole to Pole.**

Signature:..... Date: .....

**Please send completed form to:**

Pole to Pole  
Psychology Department  
Stratheden Hospital  
Cupar  
KY15 5RR

**We look forward to meeting you!**

