

VoiceMail4All

Renewal Form

The information you give here is strictly for our own records and statistical purposes. Your personal details will only be accessible by Partner Project staff for the purposes of registering and renewing VoiceMail4All numbers.

*Partner Project *Number to Renew

Client Details *(* indicates a compulsory field)*

*Title Mr Mrs Ms Miss Dr

*First Name *Last Name Middle Name

Email *(Indicate if you do not wish to be contacted about new initiatives)*

*Date of Birth Day Month Year *Gender Male Female

Ethnicity / Race	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Ethnicity: Specify _____	<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> White: British	<input type="checkbox"/> White: Irish	<input type="checkbox"/> White: English	<input type="checkbox"/> White: Scottish
<input type="checkbox"/> White: Welsh	<input type="checkbox"/> White: European	<input type="checkbox"/> White: Other	
<input type="checkbox"/> Mixed White and Black African	<input type="checkbox"/> Mixed White and Black Caribbean		
<input type="checkbox"/> Mixed White and Asian	<input type="checkbox"/> Mixed: Other Mixed Background		
<input type="checkbox"/> Asian or Asian British: Indian	<input type="checkbox"/> Asian or Asian British: Pakistani		
<input type="checkbox"/> Asian or Asian British: Bangladeshi	<input type="checkbox"/> Asian or Asian British: Middle-Eastern		
<input type="checkbox"/> Asian or Asian British: Other	<input type="checkbox"/> Black or Black British: Other		
<input type="checkbox"/> Black or Black British: Caribbean	<input type="checkbox"/> Black or Black British: African		

Country of Origin Preferred Language

*Your Local Authority Connection

(If you currently have no fixed address, please state the local authority from which you receive benefits or to which you have the strongest connection)

*Preferred Area Code (if requesting new number) 0208 01273 0113

Do you consider yourself as having a disability? If so, in which area? <i>(Please tick as many as apply)</i>			
<input type="checkbox"/> Sight	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Mobility	<input type="checkbox"/> Manual Dexterity	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> N/A

*How did you hear about VoiceMail4All? <i>(Please tick as many as apply)</i>			
<input type="checkbox"/> Partner Project	<input type="checkbox"/> Other Keyworker	<input type="checkbox"/> VoiceMail4All Volunteer	
<input type="checkbox"/> Promotional Material	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Website	<input type="checkbox"/> Other (specify).....

Please tell us how long you would like to renew your voicemail number for. At the end of that time, you will be asked to renew your contract if you wish to keep your number again.	
<input type="checkbox"/> One month	<input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Six months (only on 2 nd +

Please share any specific examples of how VoiceMail4All has helped you.
<i>May we have permission to quote your comments in future reports, promotional materials or media stories? We will not use your actual name.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like to get involved with developing or promoting VoiceMail4All? You can join our Service User Group, volunteer in our Partner Projects, provide a case study, or help out in other ways. Tick here to find out more and provide alternative contact details.
<input type="checkbox"/> I would like to get involved. Contact me on

I am happy for my Partner Project to contact me on my voicemail number

VoiceMail4All

Client Feedback

This information will help us improve and fund VoiceMail4All. All questions are compulsory.

Has your main objective in having a voicemail number been met since you last registered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you achieved any of the following objectives during your last contract and was VoiceMail4All useful in helping you achieve these objectives?
(Please circle **TWO** answers for each objective)

Objective	I Achieved This Objective	My Mailbox WAS Useful In Helping Me To Achieve This Objective
Finding somewhere to live	Yes / No	Yes / No / I did not pursue this objective
Getting a job	Yes / No	Yes / No / I did not pursue this objective
Setting up a business	Yes / No	Yes / No / I did not pursue this objective
Hearing from other support workers	Yes / No	Yes / No / I did not pursue this objective
Hearing from friends and family	Yes / No	Yes / No / I did not pursue this objective
Contacting healthcare professionals	Yes / No	Yes / No / I did not pursue this objective

Would you say that having a voicemail number allowed you to make significant changes in your life? (Please tick only one answer)

Strongly Agree Agree Not Sure Disagree Strongly Disagree

What will be your MAIN objective in using a free voicemail box over the next few months?
(Please tick only one answer)

Getting a job Setting up a business Finding somewhere to live
 Contacting healthcare professionals Hearing from friends and family
 Hearing from other support workers

What types of people left messages for you on your voicemail number?
(Please tick as many options that apply)

Street Outreach / Resettlement / Housing Worker Employment / Education Contacts
 Health Care / Specialist Support Workers Benefits Agency
 Nobody Left Messages Friends and Family
 Other (specify)

How easy do you find it to understand the prompt system on your voicemail number?
(Please tick only one answer)

Very Easy Moderately Easy Not at all Easy

How did you usually access your voicemail? (Please tick as many options that apply)

Street Phone Box Pub Phone Box Accommodation Project Phone
 Partner Project Phone Friend's Phone Daycentre Phone Other

What type of accommodation are you currently living in or use most frequently?
(Please tick only one)

Sleeping Rough Sleeping in Vehicle Squatting Other (Specify) _____
 Night Shelter Assessment Hostel Cold-weather Shelter _____
 Short-term hostel (< 6 months) Friends/Sofa surfing Parents _____
 Long-term hostel (> 6 months) Drug Rehabilitation Centre Prison _____
 Semi-independent Housing Council B&B _____
 Council/HA flat Private Rented Sheltered Housing Registered Care _____

I have read and accept the Terms and Conditions

I hereby give St Mungo's permission to store the above information in a database for monitoring and statistical purposes. I understand that Partner Project staff have access to this information ONLY for the purpose of registering and renewing voicemail numbers.

Signature: _____ Date: _____