

Student 1:1 Referral Form

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| **Referral Details** | |
| **Referral date:** | |
| **Professional Referral** | **Self – referral** |

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| **Client Details** | | |
| **Surname:** | **Forename:** | **Middle initial:** |
| **Date of birth: ……………….** | **Gender:**  Male  Female  Non-Binary  Prefer to self-describe  Prefer not to say | **Ethnicity:**  Asian  Black  Mixed  White |
| **Have you ever identified as transgender?**  Yes  No | **First Language:**  Welsh  English  Other:………………………. |
| **Sexuality:** Heterosexual. Gay/Lesbian. Bi. Prefer to self-describe. Prefer not to say. | | |
| **Mobile Number:**  **Landline Number:**  **Email address:** | | |
| **Address:**  **Postcode:** | | |
| **Does the client have a formal diagnosis of Autism or a Learning Need e.g. Dyslexia? If yes, please give details:** | | |

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| **Safeguarding and Risk** | | |
| Are there any risk concerns to be aware of? | Yes | No |
| Are there any concerns about the welfare of the client? | Yes | No |
| Action taken: | | |

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| **Referral Consent and Permissions** | | |
| Do you consent to Mind Aberystwyth storing your personal data? | Yes | No |
| Has the reason for the referral been explained to the individual? | Yes | No |
| May we leave a message on your mobile’s voicemail? | Yes | No |
| May we leave a message on your landline? | Yes | No |
| May we text you? | Yes | No |
| May we say who we are if anyone else answers your phone? | Yes | No |
| May we add your details to our mailing list? | Yes | No |
| **Sharing Information with other organisations** | | |
| This project is being run in cooperation with Aberystwyth University - Student Wellbeing Service. The student Wellbeing Service is delivered by counsellors, mental health specialists and mental health mentors. If you would like us to inform them that you are receiving support from us, they will be able to contact you and offer you additional advice and support. If you would like more information about how your information will be shared, we can explain in more detail at the start of your first session. | | |
| May we share your information with the student wellbeing service? | Yes | No |

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| **Referrer’s Details (leave blank if self-referral)** | |
| Name: | Contact Number: |
| Role: | Email: |

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| **Reason for Referral** |
| Please describe what is happening, where, and when it happens, how often and for how long. Please give examples. For example, explain the background and possible trigger factors, the trajectory of the problem and what has already been tried, or what has worked for you so far: |

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| **Signatures** | |
| Signature of Referrer: | Date: |
| Signature of client:  Is this a digital signature? Yes No  Is this a verbal signature? Yes No | |

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| **Risk Assessment** |
| ***\*Please provide details if any of the following risks are applicable\**** |
| Does the person/do you have any history of/current risk of self-neglect, self-harm or suicide? Please give details: |
| Has the person/have you been known to be aggressive or violent? Any convictions? Please give details: |
| Do you know of any alcohol and/or substance (illegal or prescribed) misuse? Please give details: |
| Is the person/are you at risk from health issues? (including mental health problems, physical disability or learning disability) Please give details: |
| Is the person/are you vulnerable to exploitation from others? Please give details: |
| Does the person/do you have any history of or current risk of domestic abuse? Please give details: |
| Does your/does the person’s behaviour present a risk to themselves or others? Please give details: |
| Are there any other risks we should be aware of? Please give details: |

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| **For Office Use Only** | | | | | | |
| Date received | Received by | Accepted | | Assigned to | Start | End |
|  |  | Yes | No |  |  |  |
| **When complete please email to: Tyler@mindaberystwyth.org** | | | | | | |