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|  **REFERRAL FORM Date of Referral: / /**  |
| **Please tick which service(s) you are referring yourself to :** **Our Services**

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| [ ]  Community Wellbeing  | Referral to the Supported Self Help Programme is available online:<https://www.mind.org.uk/get-involved/supported-self-help/> ☐ I am unable to self-refer online  |
| [ ]  Tenancy Support |
| ☐ Mum’s Matter |

**For a full description of each service please: visit** [www.mindaberystwyth.org](http://www.mindaberystwyth.org), or contact **email** info@mindaberystwyth.org or **call** 01970 626 225 |

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| **REFERRAL DETAILS** |
| [ ]  Professional Referral | [ ]  Self- Referral |
| Referrer’s Name:  | Referrer’s Contact Number: |
| Referrer’s Role: | Referrer’s Email:  |

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| **CONTACT DETAILS of PERSON SEEKING SUPPORT** |
| **Title:**  |  | **Pronouns:** |  |
| **Name:** |  |
| **Preferred name/nickname:** |  | **Date of birth:** |   **/ /** |
| **Address:** |
| **Contact Number:** |  | **Email Address:** |  |
| **Preferred language:** | Cymraeg [ ]  English [ ]  [ ]  Other (please specify):­­­ |
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| **Emergency Contact:**Relation to you: Name:May we call you and leave a voice messages? May we text you? May we email you?May we send you post? May we say who we are if anyone else answers your phone?Would you like to be added to our mailing list?Contact details: |

 |

Yes [ ]  No [ ]

Yes [ ]  No [ ]

Yes [ ]  No [ ]

Yes [ ]  No [ ]

Yes [ ]  No [ ]

Yes [ ]  No [ ]

Tell us about yourself

Please note that referrals cannot be accepted without completion of this section. We will keep this information safe and confidential.

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|  |  |  |  |
| **Gender:**[ ] Male[ ] Female[ ] Non-binary[ ] Prefer to self-describe[ ] Prefer not to say | **Ethnicity:**[ ] Asian[ ] Black[ ] Mixed[ ] White[ ] Other(Please specify if you wish)[ ] Prefer not to say | **Sexuality:**[ ] Heterosexual/straight[ ] Homosexual/ Gay/Lesbian[ ] Bisexual[ ] Prefer to self-describe:[ ] Prefer not to say | **Have you ever identified as transgender?**[ ] Yes[ ] No[ ] Prefer not to say |

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| **Where did you hear about our Service?** |  |

**If you are seeking One to One support, how would you prefer to receive your support** …

*(tick as many as you feel comfortable with)*

[ ] At an external location [ ] By phone call [ ] By text or instant message [ ] By video call

[ ]  Other (please suggest):

 **How can we help?**

**Please let us know which of the following areas you need support with**:

[ ] Improve and maintain mental health [ ] Reduce isolation / Improve social networks

[ ] Learn new ways of coping [ ]  Tenancy Issues

[ ] Learn about other Services [ ]  Access other Services

**If you are accessing our Community Wellbeing Service, what type of Groups or Activities would you like to access?**

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About you and your wellbeing (a safety assessment)

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| **1. Do you live…** | [ ] Alone [ ] With a partner/spouse [ ] With dependent/s [ ] Other (please specify): |
| **2. Do you have a carer?** | [ ] Yes [ ] No | **3. Are you a carer?** | [ ] Yes [ ] No |
| **If you are a Carer or Cared For** **Would you like more information about support and information for Carers?** [ ] Yes [ ] No |
| **4. Are you currently being supported by any other agencies?** | [ ] Yes [ ] No If Yes please specify**5. Are you happy for us to contact any of these agencies about your referral?** [ ] Yes [ ] No |
| **6. Do you have any medical conditions or medication that we need to be aware of?**[ ] Yes [ ] NoIf Yes please specify: |
| **7. Do you have any accessibility needs that we need to be aware of**? This may be physical such as a wheelchair user, but it could also refer to partially sighted, dyslexia, or anything that we may be able to support when accessing our Services[ ] Yes [ ] No If Yes please specify: |
| **8. Do you have any history of self-neglect, self-harm or suicide? When was this?**[ ] Yes [ ] No If Yes please specify:**Are you having any current thoughts of self-neglect, self-harm or suicide?** Please provide details… |
| **9. Do you have a history alcohol and/or substance (illegal or prescribed) misuse? When was this?**[ ] Yes [ ] No If Yes please specify:**Do you have current concerns with substance misuse?** Please provide details… |
| **10. Do you have a history of risk from domestic abuse?**[ ] Yes [ ] No If Yes please specify:**Is this a current concern?** Please provide details… |
| **11. Are you vulnerable to exploitation from others? (financial/emotionally/sexually/forced activities)**[ ] Yes [ ] No If Yes please specify: |
| **12. Can you tell us about any current challenges you are experiencing with your mental health?** |
| **13. Would you like any information from us about other services, including crisis services?**[ ] Yes [ ] NoIf Yes, what information would you like? |
| **14. Do you have any convictions? (Please note, this will not necessarily exclude you from our services)**[ ] Yes [ ] No If Yes please specify: |
| **15. Would you like any support with legal and/or illegal substance misuse?**[ ] Yes [ ] NoIf Yes please specify: |
| **16. Are you currently concerned about any of your personal relationships?** [ ] Yes [ ] NoIf Yes please specify: |
| **17. Do you feel safe in your home?** [ ] Yes [ ] NoIf No please specify: |
| **18. To keep you, other service users, our staff, and the general public safe; is there anything else you feel we need to know?** [ ] Yes [ ] No If Yes please specify: |

**CONSENT FORM. Storing Information, Data and Consent.**

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| **Data Sharing Authorisation** |
| A picture containing text  Description automatically generatedI understand that the information on this form will be kept confidential by Mind Aberystwyth in accordance with data protection. However, if Mind Aberystwyth, believe that there is significant risk of harm to myself or another person, they may need to divulge or seek further information from other agencies. Tick to agree [ ]  |

**Authority to Share Information:** This ensures your choices in who we can speak to and what we can speak to them about.

Mind Aberystwyth gain and share relevant information to assist them in the management of people accessing our Services and any associated risk that they may be posed.

Where possible Mind will respect the wishes of those who do not consent to share confidential information, however, lack of consent will be overridden when in the public interest, the safety of others and staff.

All information given to the organisation will be held in the strictest confidence unless we have good reason to believe that you are involve in any of the following:

Serious harm to yourself Serious Physical harm to others

Abuse of a Child Pose a risk to the public or staff

Terrorism (The Prevention of Terrorism Act) Committing a crime

**Personal Details/Data Storage**

I understand that Mind Aberystwyth have my Personal Details saved on a secure client Database in line with GDPR guidelines.

I understand Mind Aberystwyth will gain and share relevant information with only those parties listed below, for only reasons stated below also.

I give consent to Mind Aberystwyth to using anonymised information, of which I may be part of, within reports and/or promotional material.

***List here*** people or organisations we can receive from, or share information with, in the support of your recovery while working with Mind Aberystwyth:

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| **Name**  | **Contact Details**  | **Information relating to…** |
| e.g. Dr Smith | 01270 ###### | Mental health only |
| **GP / Doctor**  |  |  |
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|  |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_