**Brent, Wandsworth & Westminster Mind**

**Referral Form**

**Applicant/Referral Details**

|  |  |  |
| --- | --- | --- |
| **First Name(s)** | **Last Name** | **AKA ( if applicable)** |
|  |  |  |
| Address (line 1) |  |
| Address (line 2) |  |
| Town |  |
| Postcode |  |
| Phone |  |
| Mobile |  |
| Email |  |

 **Next of Kin Name /Address/Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Application or Referral**

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|  |  |  |

**Reason for Application/Referral (please tick as many as is applicable)**

|  |  |
| --- | --- |
| **Support Need** | **Tick** |
| Support to manage mental health- including monitoring & concordance |  |
| Support to manage physical health |  |
| Developing / maintaining daily living skills and independence |  |
| Social engagement |  |
| Building positive relationships |  |
| Meaningful use of time – creativity, activities, interests etc |  |
| Support to access / engage with other services |  |
| Support to access Education, Training, Employment, Volunteering |  |
| Homelessness |  |
| Support to manage complex needs |  |
| Support to stay safe/manage serious risk |  |
| Other ( please state below) |  |
|  |  |

**What are your/the applicant’s living circumstances? Please tick**

|  |  |
| --- | --- |
| **Accommodation** | **Tick** |
| Hospital |  |
| Living with Family |  |
| Residential Care |  |
| Nursing Care |  |
| Statutory Homeless (B&B/Hostel/Temp accommodation) |  |
| Supported Accommodation |  |
| Sharing with friends |  |
| Living independently and alone |  |
| Other-please state |  |

|  |  |
| --- | --- |
| **Financial Status** | **Tick** |
| No Recourse to Public Funds |  |
| Self-financing |  |
| Unwaged- ESA |  |
| Unwaged-JSA |  |
| Unwaged- PIP |  |
| Waged  |  |
| Other-please state |  |

1. **Accessibility**

|  |  |
| --- | --- |
| **Access** |  |
| Is your/the applicant’s first language English? |  |
| If not English, is translation/interpreting required? |  |
| Do you/does the applicant have a disability? |  |

 **Referrer’s Details**

|  |  |  |
| --- | --- | --- |
| **First Name(s)** | **Last Name** | **Position/Role** |
|  |  |  |
| Address (line 1) |  |
| Address (line 2) |  |
| Town |  |
| Postcode |  |
| Phone |  |
| Mobile |  |
| Email |  |

**Other Agencies involved in your/the Applicants Care and Support?**

**GP NAME AND ADDRESS**

|  |  |
| --- | --- |
| **Name, Address, Email, Phone****of Contact** | **Type of Agency/Support Provided** |
| **GP** |  |
|  |  |
| **CMHT** |  |
|  |  |

**Other information. What is your/the applicant’s**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Birth** |  |  |  | **Age** |  |
| **National Insurance Number** |  |  |  |  |  |
| **SWIFT or Social Services No** |  |  |  |  |  |

**Please indicate your/the applicant’s status with regard to the following:**

|  |  |  |
| --- | --- | --- |
| **Subject to:** | **Yes** | **No** |
| **Care Programme Approach** |  |  |
| **Section 117** |  |  |
| **Section 37/41** |  |  |
| **MAPPA** |  |  |
| **Drugs Intervention Programme** |  |  |
| **Refugee/Asylum/Leave to Remain** |  |  |
| **Other (please state)** |  |  |

**I give consent for Brent, Wandsworth & Westminster Mind to obtain my risk assessment from the community mental health team**

 **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give consent for Brent Wandsworth and Westminster Mind to send a referral to WBC Access Team Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATION OF APPLICANT**

I confirm that the information I have provided is correct

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MONITORING INFORMATION**

In order to promote and ensure equal opportunities in all aspects of our service delivery we gather information on everyone applying or and using our services. This information will be treated with strictest confidence.

Please tick the boxes which apply to you/applicant.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender/****Sex** | Male | Female | Are you the same gender you were assigned at birth?  | Prefer not to say |
| Please Tick |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sexuality** | Bi-sexual | Hetero-sexual | Gay or Lesbian | Prefer not to say |
| Please Tick |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** | Asian- Bangladeshi | Asian-Indian | Asian-Pakistani | Asian-Other |
| Please Tick |  |  |  |  |
|  | Black African | Black Caribbean | Black British | Black Other |
| Please Tick |  |  |  |  |
|  | Mixed White & Asian | Mixed White &Black African | Mixed White & Black Caribbean | MixedOther |
| Please Tick |  |  |  |  |
|  | White British | White European | White Irish | White Other |
| Please Tick |  |  |  |  |
|  | Arabic | North African | Gipsy/Traveller | Chinese |
| Please Tick |  |  |  |  |
|  | Prefer not to say |  |  |  |
| Please Tick |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Religion** | Christian | Muslim | Jewish | Hindu |
| Please Tick |  |  |  |  |
|  | Sikh | None | Prefer not to say | Other(Please State) |