# Referral Form

Please ensure that all boxes on this form are filled in, if not applicable state this. Forms completed can be emailed to [derbyshirerecoverypeersupportservice@rethink.org](mailto:derbyshirerecoverypeersupportservice@rethink.org) or sent to ‘The Croft, Slack Lane, Ripley, Derbyshire, DE5 3HF. For further information please call us on 01773 734989.

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| --- | --- | --- | --- |
| **Date** |  | | |
| **Referrer** |  | | |
| **Organisation** |  | | |
| **Phone** |  | | |
| **Email** |  | | |
| **Self Referral?** |  | **Permission to make referral?** |  |

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| **Office use only** |
| **Person completing form:** |
| **RIS ID:** |
| **Service Area:** |
| **New to service?** |

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| **Applicant’s Details** | | | | | |
| **Title** |  | | **Address** |  | |
| **Full Name** |  | |
| **Date of Birth** |  | |
| **Email** |  | |
| **Contact Number** |  | | **Postcode** |  | |
| **Mental Health Condition** |  | |
| **Best day/time to contact?** |  | | **Any upcoming commitments (i.e. hospital stays or holidays)?** |  | |
| **Emergency Contact Details** | | | | | |
| **Name** |  | **Relationship** |  | **Contact no.** |  |

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| **Additional Support Information - if ‘yes’ please provide details** | | | |
| **Communication needs**  **e.g. capacity/ability to read and understand information** |  | **Asperger’s/Autism/ADHD** |  |
| **Visual/Hearing Impairments** |  | **Physical Disabilities** |  |
| **Learning Disabilities** |  | **Alzheimer’s/Dementia** |  |

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| **Are you currently receiving support from any other services?** | | | | | | | |
| **Service** | **Contact Details** | | | | **Details of Support Given** | | |
| **GP** |  | | | |  | | |
| **CMHT** |  | | | |  | | |
| **Social Services** |  | | | |  | | |
| **Other** |  | | | |  | | |
| **Reason for referral - How can we support you?** | | | | | | | |
| Targeted 1:1 Support | |  | Access to peer support/groups | | |  |
| Please give an overview of referee’s current situation, support in place, and what their goals for support are: | | | | | | | |
| **Risks**  **Please outline any known risks to self or others including any forensic history** | | | | | | | |
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| **Can you provide an up-to-date safety assessment (within the last 6 months)? If yes, please email this along with the form** | | | |  | | | |

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| **Equal Opportunities Monitoring Questions** |

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| **How did you hear about this service?** | | | | | | | | | | | | | | | | | | | | |
| GP | | | CMHT | | | Social Media | | | Substance Misuse | | | | Internet Search | | | Rethink | | P3 | | |
| CAB | | | IAPT | | | Job Centre | | | Friend/Family/Carer | | | | Adult Care | | | DFMH | | Social Presciber | | |
| Other, please state: | | |  | | |
| **Gender** | | | | | | | | | | | | | | | | | | | |
| Male |  | Female | |  | Transgender | |  | Non-binary | |  | Gender Fluid |  | | Other, please state |  | | Prefer not to say | |  |

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| **Ethnicity** | | | |
| Please describe your ethnicity: | Prefer not to say |  |

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| **Religion** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christianity | | |  | Buddhism | | | | | |  | | Judaism | | | |  | | Islam | | | |  | Hinduism | | | |  | | Other, please state | |  | | | | |
| Sikhism | | |  | Paganism | | | | | |  | | Spiritualism | | | |  | | None | | | |  | Prefer not to say | | | |  | |  | |  | | | | |
| **Employment Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employed | | | | |  | Unemployed | | | | | | | | |  | | Retired | | | | | | |  | | Volunteering | | | | | |  | Student | |  |
| Carer | | | | |  | Prefer not to say | | | | | | | | |  | | **Other, please state:** | | | | | | |  | | | | | | | | | | | |
| **Sexuality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | | |  | Homosexual | | | | | | | | |  | | Bisexual | | | | | | |  | | Pansexual | | | | | |  | Asexual | |  |
| Prefer not to say | | | | | | | |  | | | **Other, please state:** | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Marital Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single |  | Married | | | | |  | | Divorced | | | |  | Widowed | | | | |  | | Civil Partnership | | | |  | | | Other, please state: | |  | | | Prefer not to say |  | |

By allowing the service to process this information you are accepting that we will hold the information on this form in line with Data Protection Policy and we may use it for monitoring purposes.