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| **USEFUL INFORMATION FOR COMPLETING REFERRAL** | **REFERRAL DATE:** |  |
| * Please provide as much as the information as possible. Information red with an asterisk \* is essential and if not provided the referral cannot be accepted. * If wishing to receive **Digital Tech Buddy support ONLY**, please see separate referral form. * Completed referral to be sent to Wiltshire Mental Health Inclusion Service via   + Email: [WiltsMHIS@rethink.org](mailto:WiltsMHIS@rethink.org)   + Post: Wiltshire MH Inclusion Service, The Independent Living Centre, St George’s Road, Semington, Wiltshire. BA14 6JQ   + Phone: 07467 764171 (*Self-referrals can be taken over the phone*) | | |

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| **SERVICE USER DETAILS** | | | | |
| Title: | Mr/Mrs/Miss/Ms | | Date of Birth **\***: |  |
| Full Name **\***: |  | | Liked to be known as: |  |
| Mobile Phone: |  | Email Address: |  | |
| Home Phone: |  | Preferred method of contact (tick one only): | | |
| Current Address**\***:  Postcode **\***: |  | Email  Phone  SMS(Text)  Mail (Letter) | | |
| Preferred language: | |  |
| Interpreter required? | | YES  NO |
| Are there any communication /information needs due to a disability/impairment (eg hearing/sight)? | | YES  NO  If yes, please specify…. |
| Primary Mental Health Diagnosis / Concern **\***  (eg anxiety/depression) *please provide further/full details in Present MH Situation to follow* | |  | | |

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| **REFERRER DETAILS (leave blank if making a SELF-REFERRAL)** | | | | |
| Organisation: |  | | | |
| Contact Name: |  | | Job Title: |  |
| Contact Phone: |  | | Contact Email Address: |  |
| Address: |  | | | |
| Does the individual **AGREE/CONSENT** to this referral? **\*** | | | | YES  NO |
| Referrer’s Signature: |  | | Date: |  |
| **SERVICE USER SUPPORT NEEDS and INFORMATION** | | | | |
| **Present Mental Health Situation**  (please provide full details of current diagnosis or mental health symptoms at this time and any external factors that are currently impacting on the individual). | |  | | |
| **Is there anything we need to be aware of concerning the safety of the individual (or others)? \***  (e.g. are there any concerns to self and/or others, any criminal convictions or incidents of violence we should be aware of?)  *If available, please attach risk assessment no older than 6 months (tick if included)* | | Risk assessment included with referral | | |
| **Any other relevant information**  (e.g. financial, addiction, housing, immigration, etc.) | |  | | |
| **Please indicate any other needs or reasonable adjustment that might need to be considered (tick all that apply):** | | Able to Read  Learning Disability  Able to use the Internet  Physical Disability  Hearing Impairment  Sensory Disability  Visual Impairment  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **What inclusion support would the service user benefit from? \***  (eg in which areas do you feel support is needed – group activities; community engagement, access online etc.) | |  | | |
| **Which specific service elements would the service user be most interested in?** | | 1-2-1 Inclusion Coach Support  Digital Tech Buddy Support (*separate referral available*)  Attending a Happy Café | | |
| **Does the individual feel an association with any of the following groups/communities?:** | | Military Services  LGBTQIA+  Boaters  Farming Industry  Travellers  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **DIVERSITY & EQUALITY MONITORING INFORMATION** | | |
| Rethink Mental Illness wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the people we support in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this information is voluntary. The information provided will be kept confidential and will be used for monitoring purposes. | | |
| **Gender:** | Male  Female  Prefer not to say  Gender-fluid  Non-binary  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is the gender you identify with the same as your gender registered at birth?: | | Yes  No |
| **Trans History:** | Yes  No  Unsure  Prefer not to say | |
| **Sexual Orientation:** | Asexual  Bisexual  Gay  Queer  Lesbian  Pansexual  Heterosexual/Straight  Questioning  Prefer not to say  Other\_\_\_\_\_\_\_\_\_ | |
| **Religion Belief:** | Agnostic  Atheist  Buddhist  Any other Religion \_\_\_\_\_\_\_\_\_  Muslim  Sikh  Christian  Any other Belief \_\_\_\_\_\_\_\_\_  Hindu  Jewish  No Religion or Belief  Prefer not to say | |
| **Employment Status:** | Working Full-Time  Working Part-Time  Not in employment  Non-paid employment  Full-time education  Part-time education  Not in employment education or training  Retired  Prefer not to say | |
| **Ethnicity** | White:  English/ Welsh/ Scottish/ Northern Irish/ British  Gypsy or Irish Traveller  Irish  Roma  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Mixed / multiple Ethnic Groups:  White and Black Caribbean  White and Asian  White and Black African  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Asian or Asian British:  Indian  Pakistani  Bangladeshi  Chinese  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Black/ African/ Caribbean or Black British:  African  Caribbean  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Other ethnic group:  Arab  Any other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Prefer not to say | |
| **Living Status:** | Independent accommodation  Homeless/no fixed abode  Registered Care Home  Living with family/friends  Independent accommodation with support  Supported Accommodation  Temporary accommodation  Prefer not to say | |
| **Marital Status:** | Single  Married  Divorced  Widowed  Separated  Civil partnership  Dissolved civil partnership  Co-habiting  Surviving partner from a civil partnership  Prefer not to say | |