

Burton and District Mind Registration and Referral Form



Please use this form to refer yourself or a client to services provided by Burton and District Mind. This includes Low Cost Counselling and Coaching, Eco-Therapy groups, Mindfulness Sessions, Peer Support Groups, and the such like.

Please note that some of the fields below are required to be completed for us to accept the referral.

- *If you are looking to make an urgent registration to our Safe Haven Cafe at Tamworth, please use the following link: <https://forms.office.com/e/tav0eV7y1a>*
- *All Future Focus referrals must be made by MPFT Care Coordinators - for more information email futurefocus@burtonmind.co.uk*

If you or your client require counselling, please consider the following referral advice:

- For our NHS funded Talking Therapies, self-referral is through the Staffordshire and Stoke on Trent Wellbeing Service on 0300 3030 923, who will carry out a telephone assessment.
- Our Low Cost Counselling and Coaching costs from £10 - £45 a session (cost is determined on your annual income). Access to our Low Cost Counselling is limited to people living in East Staffordshire, Lichfield District and Tamworth Borough where funding allows.

Most other projects and services are free to the participant as they are funded by grants or from community fundraising.

Please be assured that your information is kept safe and not shared with third parties without your consent. For more information see <https://www.burtonmind.co.uk/privacypolicy>.

About this referral

1. Project or Service you or your participant are looking to access. Please complete this form for each project or service you are looking to access. *

- Mindfulness over MS Teams - Monday Evening
- Group Mindfulness at Burton - Tuesday Morning
- Peer Support over MS Teams - Thursday Evening
- Eco-therapy at Burton - Tuesday Morning (add to waiting list)
- Burton Art and Peer Support Group - Wednesday Morning
- Burntwood Mind Matters Peer Support Group - Friday Afternoon
- Low Cost Counselling (6 sessions, 1 per week, between £10-£45 per session)
- Low Cost Coaching (6 sessions, 1 per week, between £10-£45 per session)
- Volunteer Programme

2. Who are you? *

- I am looking at registering myself for the project/service
- I am a carer, friend or family member of the person
- I am a professional from another organisation looking to refer the person

3. What is your name, role and organisation?

4. Have you made the person aware of this referral and the reasons why?
Do you have the consent to share information about them?

- Yes to both questions
- No - we cannot accept the referral unless this has been done.

5. Have you conducted a personal risk assessment if appropriate to your role?

- Yes
- No, this is not required.
- No, but I need to do this.

6. If you need a three-way meeting or any follow up, please note your contact details below

Key information for the participant

7. Title *

8. First Name *

9. Last Name *

10. Like to be known as...

11. Preferred Pronouns to denote gender *

She/Her

He/His

They/Their

Other

12. Address, house number and street name *

13. Address, town *

14. Address, postcode

15. Telephone or mobile number

16. Email address if known

17. Name and relation of Emergency Contact

18. Contact number for Emergency Contact

Suitability

19. Date of Birth *



20. Do you consider yourself to have (please tick all that apply): *

- English as a second language and you find following English instruction difficult
- A learning difference such as dyslexia, Asperger's syndrome or autism
- A sensory concern that is not managed by say spectacles or a hearing aid
- Another disability, mobility issue or other concern we should know about
- None of the above

21. Please give more details on the above

22. Which of these categories best represents your experience of mental health problems? (Please tick all that apply) *

- I do not have nor am I at risk of developing mental health problems
- I am at risk of developing mental health problems
- I have personal experience of mental health problems
- I use primary mental health services, such as counselling from the Wellbeing Team, or medication prescribed by my GP
- I have used community mental services and/or have social care due to mental health problems
- I currently use community mental health services and/or have social care due to mental health problems
- I use or have used crisis and/or inpatient mental health services, this includes 'Richmond Fellowship Brendan House'
- I care or look after someone who has mental health problems

23. If there is anything that you wish to share about your mental health problem that you think we should know, please share this below

24. If you are subject to Care Programme Approach or have an active Care Plan, as arranged by Midlands Partnership Foundation NHS Trust or other secondary mental health or care service provider, who is your care coordinator?

Disclaimers and Agreements

25. Please remind us of who are you... *

- I am registering myself
- I am referring someone else

26. Monitoring and Evaluation: I understand that as a part of service, I will have to complete at least two surveys to monitor the effectiveness of the project. Please note that we cannot process your application without your consent. *

- Yes

27. Privacy: I understand that being a participant on the above project means that Burton and District Mind Staff and Volunteers will have access to data about me on a 'Needs to know basis', that data will only be kept for an appropriate length of time in a secure manner, and will only be used to administer the project delivery and for other purposes I consent to below. I understand that I can request a copy of this data at any time. Please note that we cannot process your application without your consent. *

- Yes

28. Confidentiality: I understand that other people in the group may share sensitive information about themselves and others, and I will ensure I support their right to confidentiality by not disclosing information to others outside of the group. Please note that we cannot process your application without your consent. *

Yes

29. Safeguarding: I understand that details about me will be shared with police and other authorities should staff be made aware of abuse as defined by our protection and safeguarding procedures. Staff will let me know if this is the case. Please note that we cannot process your application without your consent. *

Yes

30. Partnerships: If I have been referred to the project, I am happy for Burton and District Mind discuss my referral and progress with the referring service.

Yes

No

31. Promotion: I am happy for anonymised information about my progress to be used to promote Burton and District Mind, projects of this nature and the funder for up to three years after the project has been completed. *

Yes

No

32. Use of photos: *

Internal use: I am happy for photos/images of me (no names used) to be used to promote Burton and District Mind regarding projects of this nature for up to three years after the project has been completed. I understand that I can withdraw consent at any time

External use: I am happy for photos/images of me (no names used) to be used to promote the project and the funder for up to three years after the project has been completed. I understand that I can withdraw consent at any time.

I am not happy for my image to be used.

33. Mailing List: I am happy for Burton and District Mind to contact me in the future with regards services and projects that might be helpful to my wellbeing or to update me on community fundraising. *

Yes

No

Many thanks for your registration. Your registration is now being processed by the Burton and District Mind team. If you wish to chase this registration up, please email info@burtonmind.co.uk

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