

### Burton and District Mind Referral Form

#### Part One – About this referral

<b>Project or Service</b>			
<b>Today's date</b>			
<b>Who are you?</b>			<b>Tick</b>
I am the participant and am applying for myself, tick and go to Part Two			
<b>OR if you are not the participant, complete below</b>			<b>Tick</b>
I represent the participant as a carer, family member or friend			
I work or volunteer as part of an organisation and wish to refer the participant			
What's your name and role?			
What is your organisation?			
Have you made the participant aware of this referral and the reasons why?			
Do you have their consent to share personal information below?			
Have you conducted a person risk assessment if appropriate to your role? Please attached this.			
Do you require a three-way meeting or follow up? Please tick and include details upon submission.			
<b>Please sign</b>			

#### Part Two – Key Information of Participant/Client

<b>Title</b>		<b>First Name</b>		<b>Last Name</b>	
<b>Like to be known as</b>			<b>Preferred Pronouns (he/she, etc.)</b>		
<b>Address</b>					
			<b>Postcode</b>		
<b>Telephone Number</b>			<b>Mobile Number</b>		
<b>Email address</b>					
<b>Name of emergency contact</b>					
<b>Relationship of emergency contact</b>					
<b>Telephone Number</b>			<b>Mobile Number</b>		

### Part Three – Suitability

We want to ensure this is the right service for you. Please answer the following questions as best as you can.

<b>Date of Birth</b>	
<b>Do you consider yourself to have:</b>	<b>Tick</b>
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	
Please give details on any of the above:	

<b>Which of these categories best represents your experience of mental health problems? (Please tick all that apply)</b>	
I am at risk of developing mental health problems	
I have personal experience of mental health problems	
I use or have used primary mental health services, such as counselling arranged by my GP or medication prescribed by my GP	
I have used community mental health services and/or had social care due to mental health problems	
I currently use community mental health services and/or have social care due to mental health problems (this includes 'Together for Mental Health Your Way')	
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	
None of the above	
<b>If there’s anything you wish to share about your mental health problem that you think we should know, please share this below</b>	

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: \_\_\_\_\_

Will this project or service be noted on your Care Plan?    Yes        No

### Part Four – Disclaimers and Agreements

I agree to the following:	Tick
<b>Monitoring and Evaluation:</b> I understand that as part of service, I will have to complete at least two surveys to monitor the effectiveness of the project. <i>Please note that we cannot process your application without your consent.</i>	<input checked="" type="checkbox"/>
<b>Privacy:</b> 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. <i>Please note that we cannot process your application without your consent.</i>	<input checked="" type="checkbox"/>
<b>Confidentiality:</b> 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.	<input checked="" type="checkbox"/>
<b>Safeguarding:</b> 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. <i>Please note that we cannot process your application without your consent.</i>	<input checked="" type="checkbox"/>
<b>Partnerships:</b> 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.	
<b>Mailing list:</b> I am happy for my details to be added to the Burton and District Mind mailing list to hear more about the projects and services offered and news regarding fundraising. I understand that my details will NOT be shared with third parties.	
<b>Promotion:</b> 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.	
<b>Burton and District Mind Promotion (photos):</b> I am happy for photos of me (no names used) to be 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.	
<b>External Promotion (photos):</b> I am happy for photos of me (no names used) to be 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.	

Signature: \_\_\_\_\_

Date \_\_\_\_\_

### Part Five – What happens next?

Please send this form to: [info@burtonmind.co.uk](mailto:info@burtonmind.co.uk)

or to:

Referrals, Burton and District Mind  
67 Branston Road, Burton on Trent  
Staffordshire, DE14 3BY