**Community Support Service Referral Form**

**Tel:** **01923 727356**

**Email:** [**css@hertfordshiremind.org**](mailto:css@hertfordshiremind.org)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of referral: | | |  | | | | | |
| Verbal consent obtained for referral (if being referred by an agency): | | | Yes  No | | | | | |
| New/ previous referral: | | | New  Previous | | | | | |
| Referral source: | | |  | | | | | |
| Title: | Forename: | | | | | | Surname: | |
| Address: | | | | D.O.B: | | | | |
| Postcode | | | | First language: | | | | |
| Telephone number and time to call:  Is it ok to leave a message? Yes  No | | | | Alternative number:  Is it ok to leave a message? Yes  No | | | | |
| Can we text you on your mobile? Yes  No | | | | | | | | |
| Email: | | | | | | | | |
| Are there any children under 18? Yes  No | | | | Do they live at home? Yes  No | | | | |
| Name | | Date of birth | | | Name | | | Date of birth |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
| Agencies working with children: | |  | | | | | | |
| Housing status: (Private rented, mortgage, Housing Association): | |  | | | | | | |
| Names on tenancy agreement: | |  | | | | | | |
| Name of Housing Association: | |  | | | | | | |
| Other agencies involved (e.g. Children’s Services, Police, Mental Health, Housing, Others, etc.): | |  | | | | | | |
| Description of areas of need and reason for referral *(please include relevant history and presenting needs)* | | | | | | | | |
| Does the client have any mental health needs?  Is the client a Victim of ASB (Anti-social behaviour) YES/NO  Is the client a Perpetrator of ASB (Anti-social behaviour) YES/NO | | | | | | | | |
| Does the client have any physical health needs | | | | | | | | |
| Any additional notes: | | | | | | | | |
| Details of supporting documents sent with the referral (if applicable) *Please list*: | | | | | | | | |
| Referrers Name: | | | | | | Position: | | |
| Client Name | | | | | | Signature | | |

**Disclosure**

*We are required by the Data Protection Act 2003 to have the client’s consent for us to 1) request information from or share information with other services 2) keep a record of their support from Hertfordshire Mind Network. All information will be dealt with as per Hertfordshire Mind Network’s Data protection & Confidentiality Policy.*

**I confirm that the client has agreed to this information being passed to Hertfordshire Mind Network. The client understands that information may be passed to other agencies.**

Please check the box to consent to the above

**Client’s name:** **Date:**

Referrals are occasionally received which may be deemed appropriate for one or more of our services. Please check this box if the client agrees to this referral being transferred internally if appropriate

*(the client and referrer will be informed in this instance)*.

**Equal Opportunities and Disability Monitoring**

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**Age Group**

18 or under  18-24  25-34  35-44  45-54  55-64

65-74  75-84  85-89  90+  Prefer not to say

**Gender**

Male  Female  Transgender  Non-binary

Prefer not to say  Other gender description (please specify)

**Religion/ faith**

No religion/ faith  Christian (any denomination)  Buddhist  Hindu

Sikh  Muslim  Jewish  Other  Prefer not to say

**Sexual orientation**

Bisexual  Gay man  Lesbian/ Gay woman  Heterosexual

Prefer not to say  Other sexual orientation description (please specify)

**Disability**

Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted or expecting to last for at least 12 months?

None  Physical impairment (such as mobility)  Behavioural/emotional

Sensory impairment (such as sight or hearing)  Long-term illness or condition

Learning disability  Mental health condition  Prefer not to say

Other disability description (please specify)

**Ethnicity**

White British  Indian

White Irish  Bangladeshi

Any other White background  Chinese

Mixed – White and Black Caribbean  Any other Asian background

Mixed - White and Black African  Caribbean

Mixed - White and Asian  African

Any other mixed background  Any other Black background

Pakistani  Any other ethnic group

Prefer not to say

**Relationship status**

Single  Married  Civil partnership  Divorced  Widowed  Cohabiting

Prefer not to say

**Caring responsibilities**

Primary carers of a child (under 18)

Primary carer of disabled child/ children

Primary carer of disabled adult (18+)

Primary carer of older person

Secondary carer

None

**Autism**

Autism diagnosis  Awaiting autism assessment  Not applicable

**Data Protection and Confidentiality**

Hertfordshire Mind Network adheres to the Data Protection Act 2018’s principles of good information handling and the EU General Data Protection Regulation 2018.

Please indicate below if you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing. We will use your information appropriately and in line with our Privacy Policy which you can see here: [Privacy Policy](https://www.hertsmindnetwork.org/privacy-policy-new)

Your details will not be shared with anyone else without your consent. If you have any concerns or questions about how your personal data is collected and used, please ring us on 02037 273600 or email us at [info@hertfordshiremind.org](mailto:info@hertfordshiremind.org). Please note that without your consent, you will not be able to submit this form and access Hertfordshire Mind Network’s services.

Where information is given in confidence that Hertfordshire Mind Network believes poses a risk to the client, a risk to other people, a risk to the safety and welfare of a child, or is against the law, we reserve the right to disclose that information to a relevant third party.

**Do you consent to us collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing? \***

Yes

No  (Please note we need consent to process your referral)

**Where to send your completed form**

Please email your completed form to [css@hertsmindnetwork.org](mailto:css@hertsmindnetwork.org).

If you have any questions or would like help filling in this form, please call us on **02037 273600**