Flourish Referral Form

**Email: Flourish@hertsmindnetwork.org**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of referral: | | |  | | | | |
| Verbal consent obtained for referral (if being referred by an agency): | | | Yes  No | | | | |
| New/ previous referral: | | | New  Previous | | | | |
| Name and contact details of referrer: | | |  | | | | |
| Title: | Forename: | | | | | Surname: | |
| Address: | | | | D.O.B: | | | |
| Postcode: | | | | Ethnicity/Nationality:  First language:  Second Language if spoken: | | | |
| Telephone number and time to call:  Is it ok to leave a message? Yes  No | | | | Do you require an interpreter? Yes  No | | | |
| Can we text you on your mobile? Yes  No | | | | | | | |
| Email: | | | | | | | |
| Are there any children under 18? Yes  No | | | | Do they live with you? Yes  No | | | |
| Name | | Date of birth | | | Name | | Date of birth |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
| What is your current re-settlement status? | | | | | | | |
| Housing status: (Private rented, mortgage, Housing Association): | |  | | | | | |
| Other agencies involved (e.g. Housing, Refugee Council, Mental Health, etc.): | |  | | | | | |
| Description of areas of mental health need and reason for referral: | | | | | | | |
| Any additional notes: | | | | | | | |

**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**

**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 ☐

White Irish ☐

Any other White background ☐

Mixed – White and Black Caribbean ☐

Mixed - White and Black African ☐

Mixed - White and Asian ☐

Any other mixed background ☐

Indian ☐

Pakistani ☐

Bangladeshi ☐

Chinese ☐

Any other Asian background ☐

Caribbean ☐

African ☐

Any other Black background ☐

Any other ethnic group ☐

Prefer not to say ☐

**Relationship status**

Single ☐ Married ☐ Civil partnership ☐ Divorced ☐ Widowed ☐ Prefer not to say ☐

Cohabiting☐

**Caring responsibilities**

☐ Primary carers of a child (under 18)

☐ Primary carer of disabled child/ children

☐ Primary carer of disabled adult (18 and over)

☐ 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 [flourish@hertsmindnetwork.org](mailto:flourish@hertsmindnetwork.org). If you have any questions or would like help filling in this form, please call us on **02037 273600**.