**Hertfordshire Mind Network Referral Form**

Top of Form

Please complete this form if you would like to access our services and we will contact you to discuss next steps. Please provide as much information as possible. Fields marked with an \* are required

**Date of referral**

Date:

**Your details**

Title       Name\*       Surname\*

Main phone\*       Mobile       Email       Date of Birth\*

Address\*       Town\*       Postcode\*

Please complete this section carefully. Supporting you to access the right services is very important to us but it isn't always easy to make contact, so listing as many contact options as possible will help us to help you more quickly.

**Contact method**

How would you like us to contact you? Home phone [ ]  Mobile [ ]  Email [ ]

Is it OK for us to leave a message? Yes [ ]  No [ ]

**Emergency Contact Details:**

In the event of an emergency, who would you like us to contact?

Name       Contact number       Relationship to you

**GP details (if known)**

GP Surgery

**Employment information**

Employed [ ]

Unemployed [ ]

Not working due to illness [ ]

Retired [ ]

Veteran [ ]

Carer [ ]

Student [ ]

**Further information**

**Which 1:1 service would you like to access? (Please only select one. If you are unsure of which service you would like to access, please call 0203 727 3600 Mon to Fri 9am – 5pm to discuss).**

1:1 Peer Support [ ]

Housing Support Service [ ]

Community Support Service [ ]

Domestic Abuse Service [ ]

Hertswise [ ]

Carers Support [ ]

Flourish [ ]

Mums Matter Peer Support (for mums with perinatal mental health needs & children under 2 years old) [ ]

**Which groups and activities would you like to access?**

Peer Support Groups [ ]  Peer Learning Courses [ ]  Music Group [ ]

[ ] Meeting Places (Online and Face-to-face) [ ]  Online LGBTQ Group [ ]

Mums Matter (for mums with perinatal mental health needs & children under 2 years old) [ ]

To see information about our services, please see [www.hertfordshiremind.org](http://www.hertfordshiremind.org)

**What are your three main concerns that are affecting your wellbeing at the moment?\***

**Is there any additional information we need to know for you to access our services? e.g. language, disability, access issues? \***

**How did you hear about us? \***

GP [ ]

Wellbeing Service/ IAPT [ ]

Mental Health Team [ ]

Adult Care Services [ ]

CAMHS [ ]

Promotional event [ ]

Probation [ ]

Previously used HMN [ ]

Friend or family [ ]

Our website [ ]

Social media [ ]

Frontline [ ]

Other

**Details of referrer (if completing the form on behalf of someone else)**

Name of referrer       Organisation

Email       Tel number

**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 [ ]  The gender above is not the one given to me at birth [ ]

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 [ ]

Not stated [ ]

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 [ ]

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