

|  |  |
| --- | --- |
| Date Received |  |
| Assessment Date  |  |

**RE-ENGAGE MENTORING AND BEFRIENDING**

**REFERRAL FORM**

|  |  |
| --- | --- |
| DATE |  |
| CLIENT ID | (OFFICE USE ONLY) |
| CASE ID | (OFFICE USE ONLY) |
| REFERRAL AGENT   |  |
| CONTACT DETAILS(Risk assessment RA will be required from referral agent) |  |
| Please state if RA is attached or sent under separate cover  |  |

|  |  |
| --- | --- |
| NAME |  |
| D.O.B |  |
| ADDRESS |  |
| POST CODE |  |
| GP PRACTICE & GP NAME |  |
| EMAIL |  |
| CONTACT NUMBER  |  |
| CAN A MESSAGE BE LEFT AT THIS NUMBER? |  Yes No  |

|  |  |
| --- | --- |
| NEXT OF KIN |  |
| NAME |  |
| ADDRESS |  |
| POSTCODE |  |
| CONTACT NUMBER |  |

|  |  |
| --- | --- |
| Can you briefly describe your personal experience of mental health problems. |  |

|  |
| --- |
| Can please tick the following areas that you have difficulties with |
| Leaving the house |  | Being in a group |  |
| Going places on my own |  | Accessing health services |  |
| Using public transport |  | Accessing social activities |  |
| Meeting new people |  | Maintaining friendships |  |

Someone from the service will contact you once your referral form has been received to discuss your needs in more detail.

We aim to match you with a volunteer who has similar interests or things in common. The following information will help us with the matching process.

|  |  |
| --- | --- |
| What hobbies and Leisure Interests do you have? |  |

|  |  |
| --- | --- |
| How would you best describe your educational and employment background |  |

|  |  |
| --- | --- |
| What would you like to achieve by accessing this service? |  |

As part of Sunderland Mind’s commitment to making diversity and equality a reality, it is our policy to ensure that all our services are open and accessible to all, regardless if it is a member of staff, volunteer or someone using our services.

The information you provide will be treated in strictest of confidence and will not be used for any other purpose other than monitoring and statistical information.

By completing and returning the monitoring form, you consent to Sunderland Mind processing this information for general monitoring purposes and statistical information in line with the diversity and equality policy.

 **DIVERSITY AND EQUALITY MONITORING FORM**

Date of Birth:

1. Please tick the description which you feel is the most appropriate of your ethnic origin **(please choose ONE section from A to F. Then tick the most appropriate box (one box only)**

 (**A) White (C) Asian or Asian British (E) Chinese**

 British [ ]  Indian [ ] Chinese [ ]

 Irish [ ]  Pakistani [ ]  Other [ ]

 (please state)

 Other (please state) [ ]  Bangladeshi [ ]

       Other (please state) [ ]

 **(B) Mixed (D) Black or Black British (F) Any Other Background**

White & Black Caribbean[ ]  Caribbean[ ]  Other [ ]

 White & Black African [ ]  African [ ]  (please write in)

 White & Asian [ ]  Other [ ]

 Other (please state) [ ]  (please state)

2. How would you describe your gender? Male **[ ]**  Female [ ]

3. Do you have a disability? [ ]  Yes **[ ]** No

If yes, what could we do to help you in the workplace?

4. Do you identify as: [ ]  Lesbian/Gay [ ]  Heterosexual

 [ ]  Bisexual [ ]  Don't wish to state

5. Religion: [ ]  Christian [ ]  Muslim [ ]  Other

 [ ]  Hindu [ ]  Atheist (please write in)

 [ ]  Sikh [ ]  Buddhist

 [ ]  Don't wish to state [ ]  Jewish

This Form will be separated from your completed Referral Form on receipt and the information it contains will **NOT** be used in deciding whether or not you are offered support

**PLEASE RETURN THIS FORM WITH THE COMPLETED REFERRAL FORM**

|  |
| --- |
| **Client Consent and Data Protection**Sunderland Mind will use the information recorded on this form and enclosed supporting documents to enable us to provide suitable and effective support to the client. The information will be stored securely and access will be limited to those involved in providing support. We will only discuss the information with yourself, those providing you support at Sunderland Mind or the professional who referred you to the service.Please sign below to acknowledge acceptance of the above  |
| Client signature |  |
| Date  |  |

Please return completed forms to

**The Mentoring and Befriending Service**

**Sunderland Mind**

**Sunderland**

**SR1 1EA.**

**Or email it to: reengage@sunderlandmind.co.uk.**

**Reg. Charity No. 1171734**

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Client accepted to service? | YES No |
| If no please state reasons. |
|  |

|  |  |
| --- | --- |
| Feedback given to client? | YES No |
| Details of feedback given |
|  |

|  |  |
| --- | --- |
| Was the client signposted to another service? | YES NO |
| Details of the services signposted to |
|  |