**SINGLE REFERRAL FORM FOR THE PARALLEL FREE TO ACCESS COUNSELLING AND THERAPY SUPPORT SERVICE**

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| --- | --- |
| **Date Completed:** |  |

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| --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | |
| **Name:** |  | | | | |
| **D.O.B.:** |  | | | **Age:** |  |
| **Marital Status:** |  | | | **Home Tel.:** |  |
| **Mobile:** |  | **Email:** |  | | |

|  |  |
| --- | --- |
| **How would you like to be contacted?** | Phone ☐Email ☐Letter |
| **When is it best to contact you?** |  |
| **Current location / Address**  (Please provide as much details as possible) |  |
| **Who do you live with?** |  |
| **How long have you lived there?** |  |
| **Nationality:** |  |
| **How did you hear about the service?** |  |
| **Do you have any children?** | Yes ☐No |
| **Are you caring for anyone?** |  |
| **Are you leaving formal care?** |  |
| **Have you served in the armed forces?** |  |

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| **Employment and Education** | |
| **Are you attending school / college?** | Yes ☐No |
| **Are you in employment?** | Yes ☐No |
| **Are you in training / education?** | Yes ☐No |

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| **What do you feel you currently need help with and why?** |
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| --- | --- |
| **Required Services: Please indicate below which services you are applying for** | |
| **Type of Service (Therapy / Counselling / Practical Support / Community Outreach Support):** |  |
| **Level of support required (Low, Medium, High):** | Low ☐Medium ☐High |
| **Preferred geographical area:** |  |
| **Geographical area to avoid (safety ):** |  |

| **Health Information** | | |
| --- | --- | --- |
| **Which GP Practice (doctor) are you registered with?** |  | |
| **Are you suffering from ill health (mental / physical ) at present ?** | | Yes ☐No |
| **If Yes, please give brief details:** | |  |
| **Are you taking any prescribed medication?** | | ☐Yes ☐No |
| **If Yes, please give brief details:** | |  |
| **Do you consider yourself to have a disability** | | Yes ☐No |
| **If Yes, please give brief details:** | |  |
| **Please let us know if you need any particular assistance from us such as facilities to help with mobility, vision or hearing, or information in a different format.** | |  |
| **Other relevant health issues:** | |  |

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| **Areas Requiring Support** | |
| * Financing / Debt / Budget * Housing / Homelessness * Access to training or employment * Gaining access to other services * Mental health issues * Domestic abuse * Accessing community organisations * Emotional support * Physical disability * Other (please specify below)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Maintaining accommodation * Personal safety and security * Health and wellbeing * Alcohol misuse * Drug misuse * Offending behaviour * Social skills / isolation * Behaviour management * Sensory impairment |

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| **If you have ticked any of the above, please provide details of any specific support needs that have been identified** |
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| **Current Support Received (Please provide name and contact details)** | |
| **Family member / Carer:** |  |
| **Friend:** |  |
| **Social worker:** |  |
| **Probation / Youth Offending Service:** |  |
| **CPN:** |  |
| **Health professional:** |  |
| **Other involved support worker:** |  |
| **Hours of existing support:** |  |
| **Key worker details:** |  |

| **Risk Assessment** (Please give details of any of the following) | | |
| --- | --- | --- |
| **Criminal convictions:** |  | |
| **Subject to probation order or Supervision License:** |  | |
| **History of offending behaviour:** |  | |
| **History of aggressive behaviour:** |  | |
| **Alcohol or drug use:** |  | |
| **History of self-harm / suicidal thoughts:** |  | |
| **Have any risks been identified in past accommodation:** |  | |
| **Are there any reasons why it might be unsafe for a Wellbeing Guidance Assistant / Help and Wellbeing Assistant to visit alone?** | | Yes ☐No |
| **If yes, please give details:** |  | |
| **Do you have any pets in your home?** |  | |

| **Referrer Details** | |
| --- | --- |
| **Date of referral:** |  |
| **Referred by – Name:** |  |
| **Agency / Organisation Address:** |  |
| **Postcode:** |  |
| **Tel:** |  |
| **Email** |  |
| **How did you hear about the service?** |  |

| **Referral Outcome** | |
| --- | --- |
| **Referral accepted / Referral declined:** |  |
| **Reason for decline:** |  |

**Disclosure of information and Confidentiality Agreement**

I understand that the information I have given today will be stored in paper form as well as electronically. It has been explained to me that it will be stored securely in line with the data protection policy.

I understand that the information will be shared with the agencies indicated on page one of this referral form.

**Information Disclosure**

It has been explained to me that the information I have supplied will be treated as confidential and will not be shared outside of the terms of this agreement unless it is believed any of the following may be true:

* + Where there is an allegation or admission of child abuse
  + Where there is an allegation or admission of abuse of or from an individual
  + When a member of staff is called to a court of law to give evidence
  + Where there is a genuine threat of violence against another individual
* Privacy Policy
* Effective Date: 23/09/2024

1. **Introduction**

**The AM to PM Wellbeing Service Limited** ("we", "our", "us") is committed to protecting and respecting your privacy. This Privacy Policy explains how we collect, use, disclose, and protect your personal data in compliance with the UK General Data Protection Regulation (UK GDPR).

2. **Data We Collect**

We may collect the following types of personal data from you when you use our services:

* Name
* Email address
* Phone number
* Address
* Usage data (cookies, IP addresses, etc.)

3. **Purpose of Data Collection**

We use your personal data for the following purposes:

* To provide and maintain our services.
* To communicate with you regarding your account and our services.
* To enhance user experience and optimize our services.

4. **Legal Basis for Processing**

We process your personal data based on the following legal basis:

* Your consent (Art. 6(1)(a) UK GDPR) - By using our free services, you are providing consent to us to process and potentially sell your data as detailed in this policy.

5. **Data Sharing and Sale**

In exchange for the free services we provide, we may share and sell your personal data to third parties for various purposes, including but not limited to:

* Marketing and promotional purposes.
* Research and analysis.

6. **Disclosure of Personal Data**

We may share your personal data under the following circumstances:

* With third-party service providers who assist in operating our services and conducting our business.
* With other third parties with whom we have a contractual relationship that may include data sharing.

7. **Your Rights**

Under the UK **GDPR**, you have the following rights regarding your personal data:

* The right to be informed about how your data is used.
* The right to access your data.
* The right to rectification.
* The right to erasure ("right to be forgotten").
* The right to restrict processing.
* The right to data portability.
* The right to object to processing.
* The right not to be subject to automated decision-making.

To exercise any of these rights, please contact us at **admin@theamtopmwellbeingservice.com**.

8. **Retention of Data**

We will retain your personal data only for as long as is necessary for the purposes set out in this Privacy Policy. When your data is no longer required, we will securely delete or anonymize it.

9. **Changes to this Privacy Policy**

We may update this Privacy Policy from time to time. We will notify you of any changes by posting the new Privacy Policy on our website and updating the effective date.

10. **Contact Us**

If you have any questions about this Privacy Policy or our data practices, please contact us at:

**The AM to PM Wellbeing Service Limited**

Address: PopHub Leicester Square, 41 Whitcomb Street, London WC2H 7DT, United Kingdom

Email: admin@theamtopmwellbeingservice.com

Tel: 020 3633 9279 / +44 7440 630677

**Consent**

In order to give you the most appropriate level of support it may be necessary to work with other agencies who know you. Your consent is needed to do this.

I hereby give my consent for relevant information related to my assessment to be shared with other relevant agencies when it is believed it will help address specific support need or housing issue. I have indicated below the agencies **I DO NOT** wish information to be shared with.

|  |
| --- |
| **I do not** want any of my personal information shared with: |
|  |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the person is unable to sign the form for any reason please give your name, date and time the person gave their consent:**

**Referrers name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date consent is given by person referred: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW DO YOU DESCRIBE YOURSELF?**

Choose **one** section from **A to E**, then tick **one** box to best describe your ethnic group/background, then select **one** box in each of the other sections.

|  |  |
| --- | --- |
| **A. White** | **B. Mixed / multiple ethnic groups** |
| English/Welsh/Scottish/Northern Irish/British  Irish  Gypsy or Irish Traveler  Any other white background, write in:   |  | | --- | |  | | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed/multiple ethnic  background, write in:   |  | | --- | |  | |
| **C. Asian / Asian British** | **D. Black / African / Caribbean / Black British** |
| Indian  Pakistani  Bangladeshi  Chinese  Any other, write in:   |  | | --- | |  | | African  Caribbean  Any other, write in:   |  | | --- | |  | |
| **E. Other Ethnicity** | **F. Religion** |
| Arab  Do not wish to answer  Any other ethnic group, write in:   |  | | --- | |  | | Do not have a religion  Christian  Buddhist  Hindu  Muslim  Jewish  Sikh  Do not wish to answer  Any other religion, write in:   |  | | --- | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **G.**  **Gender** | **H. Gender Identity** | |  |
| Male  Female  Do not wish to answer  Prefer to use my own term, write in:   |  | | --- | |  | | | Gender identity is the same as the gender assigned at birth  Gender identity is different to the gender assigned at birth  Do not wish to answer | |
| **I.**  **Sexual Orientation** | | **J. Disability** | |
| Gay Man  Heterosexual/Straight  Lesbian/Gay Woman  Bisexual  Do not wish to answer  Prefer to use my own term, write in:   |  | | --- | |  | | | Physical Impairment  Sensory Impairment  Learning Disability  Long term illness or health condition  Mental Health condition  Do not wish to answer  Any other disability, write in:   |  | | --- | |  | | |