DMWA April 2022 – V2

![A picture containing text

Description automatically generated]()

This referral form is available in large print, other languages and formats upon request.

**REFERRAL FORM (SELF)**

**Durham Mental Wellbeing Alliance**

|  |  |  |
| --- | --- | --- |
| **Data Protection Statement** | | |
| **In order to help us deliver efficient services and to manage your relationship with us, we need to collect relevant personal details from you. In the first instance Home Group Ltd will receive your referral on behalf of DMWA. Home Group Ltd will comply with the General Data Protection Regulation and Data Protection Act 2018 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note in some circumstances we may share your personal data with external third parties. For more information on how we process your personal data, including on data security, data retention and lawful processing bases, please access our full privacy notice at:** [**www.homegroup.org.uk/Privacy-Policy**](http://www.homegroup.org.uk/Privacy-Policy) | | |
| **Self-Referral** | |  |
| **Details of person being referred:**  Forename:  Surname:  Preferred Name:  Address:  Phone Number:  Email Address:  Date of Birth:  NI Number:  Preferred language:  Interpreter or Signer required:  Emergency Contact Name:  What relation are they:  Emergency Contact Phone: | |  |
| **Details of Applicant’s Mental and Physical Health** *(e.g****. diagnoses, disabilities, etc.****)* | | |
|  | | |
| **Applicant’s Priority Needs** *(e.g.* ***identification of support required, accessibility requirements, and services needed****)*: | | |
| **Type of service** | **Details of needs** | |
| Group Based Support |  | |
| Outreach/Floating Support |
| Accommodation |
| Specialist Support  (*incl Cruse Bereavement Support, Welfare Rights, Relate, If U Care Share, Aspire Women only support)* |
| Vocational |
| Employment Support |

**Is support currently provided by any of the following? *Please provide details***

|  |  |
| --- | --- |
| Type | Contact name, organisation, phone number |
| Family Member |  |
| Friend |  |
| Social Worker |  |
| Probation Officer |  |
| CPN |  |
| Other Support agencies |  |

**In which areas is support required?**

|  |  |
| --- | --- |
| Claiming benefits / maximising income  Debt problems  Access to training/ employment/ education  Gaining access to other services  Parenting or family problems  Mental health problems  Health and wellbeing  Problems with alcohol  Problems with drugs  Homelessness issues  Suicide Bereavement  Befriending  Socially Inclusive activities | Emotional support  Finding suitable accommodation  Setting up home/furnishing home  Maintaining accommodation  Resolving dispute with landlord  Daily living skills – shopping, housework etc  Reducing anti-social/offending behaviour  Personal safety and security  Domestic abuse  Filling In forms/making phone calls  Social skills/behaviour management  Physical Health / Mobility  Carers support |

**Additional information – please DO NOT leave blank:**

|  |
| --- |
| *(Use this space to provide any other areas of support required, priorities, personal history, interests, or any further information on the areas highlighted above).* |

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that the information contained in this document is true and includes all relevant information required to correctly assess this referral. | | | |
| Signed: *(Applicant)* |  | Date: |  |

**CONSENT**

|  |  |  |  |
| --- | --- | --- | --- |
| *Under the United Kingdom General Data Protection Regulation (UK GDPR) & The Data Protection Act 2018 it is a requirement to obtain your consent to share information about you with other agencies and organisations who may be involved in providing services to you. You have a right to prevent this and therefore do not have to consent if you do not want your information to be shared. However, it may be difficult to provide you with some of the services you need if you do not give your consent.*  *Once your referral has been made to the correct agency your information will be managed under that agencies own data protection policy and processes.*  I give my permission for agencies to obtain further information from all other relevant agencies which may include, for example, Adult and Community Services, landlords, police, probation, benefits agencies and housing benefit offices.  I understand that this information will only be made available to providers/organisations operating under the Durham Mental Wellbeing Alliance that are able to assist me to obtain the correct level of support and enable me to sustain independent accommodation. | | | |
| Signed: *(Applicant)* |  | Date: |  |
| If obtaining a signature was not possible, **TICK** to confirm you have the Applicant’s verbal consent: | | | |

**EQUAL OPPORTUNITIES – required by Commissioner for funding purposes**

We aim to promote equality and inclusion to ensure fair access to the service in line with the Equalities Act 2010.  These questions are used to monitor access to the service and are not used to make decisions on eligibility or allocation. We will not discriminate unlawfully and our Equality Protocol is available on request.

|  |  |
| --- | --- |
| **Gender** |  |
| **'How do you define your gender?**  Male  Female  Non binary  other (please specify) | **Is your gender identity the same as your sex assigned at birth?**    Yes  No  Prefer not to say |

|  |  |  |
| --- | --- | --- |
| **Ethnicity** | | |
| **Nationality**  British  English  Scottish  Irish | Northern Irish  Welsh  Other  Prefer not to say | |
| **Asian**  Bangladeshi  Pakistani  Indian  Other | **Black**  African  Caribbean | |
| **Chinese or other ethnic group**  Chinese  Other | **Gypsy and Traveller**  Gypsy  Irish Traveller  Other | |
| **Mixed**  White and Black Carib  White and Black Afr  White and Asian  White and Other | **White**  \*\*White British Eastern European  White Irish  White Other | |
| Prefer not to say | Not known | |
| **Sexual Orientation** | | |
| Gay / Lesbian  Straight / Heterosexual  Bisexual | | Asexual  Other – please specify  Prefer not to say |
| **Religion/ Belief** | | |
| Christianity – Catholic  Christianity – Protestant  Islam  Nonreligious  Hinduism  Chinese Traditional  Buddhism | Sikhism  Spiritism  Judaism  Other  Not known  Prefer not to say | |
| **Marital/Civil Partnership Status** | | |
| Married  Single  Divorced  Widowed  Prefer not to say  Not known | Civil Partnership  Dissolved Civil Partnership  Separated  Other  Prefer not to say  Not known | |
| **Pregnant or given birth in the last 6 months?** | Yes  No  Prefer not to say  Not known | |
| **Disability** | | |
| **Do you have a physical disability?** | Yes  No  Prefer not to say | |
| **Do you have a learning disability?** | Yes  No  Prefer not to say | |
| *A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities.* | | |
| **Do you have a diagnosed Mental Health Condition?** | Yes  No  Prefer not to say | |
| **Do you have an Autism Diagnosis?** | Yes  No  Prefer not to say | |
| **Are you on the pathway for an exploration of an autism diagnosis** | Yes  No  Prefer not to say | |
| **Do you have a drug and/ or alcohol support need?** | Yes  No  Prefer not to say | |

**Please send this form by email or post**

**Post** – DMWA Referrals, Waddington St Centre

3 Waddington St,

Durham

DH1 4BG

**Email** – [**Referrals2DMWA@homegroup.org.uk**](mailto:Referrals2DMWA@homegroup.org.uk)

**REFERRAL:**

*(To be completed by DMWA referral coordinator)*

|  |
| --- |
| *Date of Referral:*  *Referring Officer:*  *Designation:*  *Client Reference No:* |



