Norfolk and Waveney Mind is a forward-thinking, community-based organisation which encourages and supports mental wellbeing.

Referral Source:

Self-referral

Community Mental Health Team (**Please state clinical team**):

Other (**Please state**):

Before starting this form, please confirm our eligibility criteria that the patient:

Is aged 18+

Has the right to work in the UK

☐Has a mental health diagnosis or has been receiving professional support for their mental health for over 6 months **\***Not applicable for referrals from CMHT

Please tick **either** A, B or C:

A) Is unemployed

B)Is currently employed

☐ C)Is currently on sick leave and would like support to return to work

|  |
| --- |
| **Personal Details** |
| ***To include: Name, address, date of birth, NHS ID, phone number, email address, gender and ethnicity*** |
|  |
| Please indicate their preferred method/s of contact:  Text  Telephone  Letter  Email |
| Do they have additional communication needs? |

|  |
| --- |
| **Referrer & Patient’s GP & Surgery Details** |
| ***To include: Referrer’s name, job title and email address/phone number, name of patient’s GP and surgery address.*** |
|  |

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| **Please attach the combined assessment or answer the questions below** |
| **What is their Clinical Diagnosis, if they have any?**      **Are there any risks from the past 12 months?**      **Have they ever been involved with the criminal justice system? If so, are they involved with the Probation Service or MAPPA?**      **Do they have regular contact with their Lead Care Professional/Mental Health Worker? (If yes please provide further details)** |
| **Why do they want to work? (In their own words)** |
|  |

**Have they already accessed Routes support before?**

Yes  No

|  |  |  |
| --- | --- | --- |
| Please sign and date |  | Date: |
|  | Referred person |  |
|  |  | Date: |
|  | Referrer |  |

By signing the above you give consent to the below GDPR statement.

Please return completed referral forms to: [Employment@norfolkandwaveneymind.org.uk](mailto:Employment@norfolkandwaveneymind.org.uk)

**Data Protection: Referral Consent Form**

**Permission to store and process your data:**

To help with your referral and any support you receive from Norfolk and Waveney Mind we will need to record your details. These will include personal and sensitive data. (Personal data is information that can be used to identify you, for example: your name, DOB, address etc. Sensitive data is information related, for example, to health, racial or ethnic origin)

To comply with The Data Protection Act 2018, we as data controllers must ask your permission to store and process your personal and sensitive data. Your data will be stored on a cloud based electronic database accessed by employees (data processors) of Norfolk and Waveney Mind. Paper copies of your data may also be stored securely and accessed by authorised employees of Norfolk and Waveney Mind. Your data will continue to be stored for 6 years from the date you leave our service and will then be deleted at the end of this period.

If we need to share your information we will only do this if there is a **clear and legitimate purpose for sharing and we have your consent** or **there is a lawful reason to share your information.**

**Please complete all requested information to avoid delays in the referral being processed**