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| For Office Use: Date received  Added to system  Allocated to  |



**Connecting Communities Service Referral Form**

*Support for people from minority groups*

 Incomplete referrals may not be accepted

|  |  |  |
| --- | --- | --- |
|  Name   Address         Postcode  |  Date of Birth  Age  Telephone   Mobile  Can a voicemail be left?  Email address   |   |
|  Emergency contact details: Name  Relationship  Contact number   |
| Gender Male□ Female□ Other□ please state-\_\_\_\_\_\_\_\_\_\_\_\_\_\_    | Ethnicity White□ Black□ Asian□ Mixed□ Other□ please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
|  |
| Preferred method of contact Text□ Telephone□ Letter□ Email□  | For an initial appointment please contact Referred Person □ My referrer □   |
|  Name of GP Surgery  Phone number of Surgery  Name of GP  |  Are you are Self Referring,   YES NO   |
| **What we can offer** Time limited interventions including: * One to one emotional listening service
* Advice and guidance
* Personal development courses - Group activities

 **Please note the Adult Recovery Service is not a crisis or counselling service.**  |
| **Please give details of your support needs – tick all that apply** |
| Accessing personal development courses  |   | Anxiety  |   | Support for Carers (if you are caring for a person with a mental health condition)  |   |

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| Accessing Social Activities  |   | Confidence and Self-Esteem  |   | Depression  |   |
| Managing your Emotions (Anger)  |   | Low Mood  |   | Stress  |   |
|   |   |   |   |   |   |
|   |
|  **Support with a diagnosed mental health condition – please give details:**    |

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| **Please provide a brief overview of your current situation to help us best identify the support required:**  |
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| **First Language:** |
|  |

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| **Interpreter required:**  |
| YES NO |

 **Referrer details (if appropriate)**

**Name**

**Organisation**

**Role / Department**

**Telephone / Mobile**

**Email**

**Please sign and date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred person Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Referrer (if applicable) Date

**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 Data Protection, we must ask your permission to store and process your personal and sensitive data for this process. Your data will be stored on a cloud based electronic database accessed by employees of Norfolk and Waveney Mind. Paper copies of your data may also be stored securely and accessed by employees of Norfolk and Waveney Mind. Your data will continue to be stored for 3 years from the date you leave our service.

I give my consent for Norfolk and Waveney Mind to record and process personal data about myself.

|  |  |
| --- | --- |
| **Name**  |  |
| **Signature**  |  | **Date**  |  |

I give my consent for Norfolk and Waveney Mind to record and process sensitive data about myself.

|  |  |
| --- | --- |
| **Name**  |  |
| **Signature**  |  | **Date**  |  |

 **Please return completed form to**

 Referrals, Norfolk and Waveney Mind, 28-31 Deneside Great Yarmouth, NR30 3AX.

 Tel 0300 330 5488

Email enquiries@norfolkandwaveneymind.org.uk or acsreferrals@norfolkandwaveneymind.org.uk

**How will my data be used?**

Your data will be used for the purpose of providing you with an information, advice and support service. We will also use anonymised sensitive/personal data for the purposes of statistical monitoring. (Anonymised data means we won’t use data that can identify an individual).

**Can I withhold my consent?**

You can withhold your consent, but Norfolk and Waveney Mind will not be able to provide you with an information, advice and support service which includes provision of paper and electronic information and events.

**Who will you share my data with and why?**

Your information is confidential within Norfolk and Waveney Mind and not solely with an individual Support Worker.

You may ask us to contact external agencies on your behalf. If this occurs, we will obtain separate consent from you.

We will only ever share your information with your permission (unless required to do so by law).

**My rights under Data Protection**

You have the right to:

* Ask for access to your personal data (this is known as Subject Access

Request)

* The right to correct any inaccuracies (this is known as Request for Rectification)
* The right to deletion of personal data in some circumstances (this is known
as Erasure)
* To withdraw your consent at any time (this is known as Request to

Withdraw Consent)

* The right to transfer data we hold to another organisation (this is known as Request to Transfer Data)
* The right to object to data being held (direct marketing only) (this is known as Request to Object)

To make a request under these rights you can write to us at Norfolk and Waveney Mind, 50 Sale Road Norwich Norfolk NR7 9TP, addressing your correspondence to the Data Protection Lead, or you can download the relevant forms from our website at www.norfolkandwaveneymind.org.uk (under reports and policies.)

If you have concerns about the way we handle your personal data please write to us at, Data Protection Lead Norfolk and Waveney Mind, 50 Sale Road Norwich Norfolk NR7 9TP. If you still feel we haven’t dealt with them properly, you can contact the Information Commissioner’s Office on 0303 123 1113 or raise a complaint at www.ico.org.uk/concerns