

**Privacy Policy**

I hereby confirm my understanding of and acceptance of the following information;

Mind in Haringey will utilise the personal data I have provided in this form for the purposes detailed in our privacy policy which can be found at <http://www.mindinharingey.org.uk/reportspolicies.asp>

We only use personal information in the ways we need to and that is expected of us.

We will keep you up to date with our work including any relevant services, changes to your confirmed appointments, raising awareness, promoting understanding as well as our fundraising activities.

**DATE TODAY**:

Do you agree to us using your data in this way? Yes No

If you’re happy for us to keep in touch, please let us know how you would like to hear from us:

Yes No

Phone

Email

Text

Signature………………………………………………………………………………………………………………………………..

If you wish to remove your agreement to our use of your data at any point please contact us:

**In writing:** Mind in Haringey, Station House, 73c Stapleton Hall Road, London, N4 3QF / **Email:**[admin@mih.org.uk](mailto:admin@mih.org.uk)

**Telephone:** 020 8340 2474

**RETURN COMPLETED FORMS TO:** [COUNSELLING@MIH.ORG.UK](mailto:COUNSELLING@MIH.ORG.UK)

**Confidentiality & data Protection:**

All information held on this form will be kept confidentially in a locked cabinet and will only be shared within the guidelines of Mind in Haringey Confidentiality as laid down in the 1998 Data Protection Act.

**…Client Counselling Referral Form – Haringey Frontline Support…**

**RETURN COMPLETED FORMS TO:** [COUNSELLING@MIH.ORG.UK](mailto:COUNSELLING@MIH.ORG.UK)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:**  **Address:** | **Date of Birth:** | |  | |
| **Age:** | |  | |
| **Contact phone number:**  **Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Email:** |
| **How would you prefer to be contacted /choice of session format (circle):**  **Phone Email Online** | **Current employment status (please tick):** | | | **EMPLOYER(S):** |
| **Furloughed** |  | |  |
| **Employed (PT)** |  | |
| **Employed (FT)** |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reason(s) for accessing Mind Haringey Frontline Support Service**: | | | | | **Are you currently taking any ‘psychological’ medication? (please tick)** | | | | |
| **STRESS/ANXIETY** | |  | | | **YES** |  | **NO** | |  |
| **DEPRESSION** | |  | | | **MEDICATIONS (Please list):** | | | | |
| **BEREAVEMENT** | |  | | |  | | | | |
| **FAMILY/RELATIONSHIPS** | |  | | |  | | | | |
| **JOB/FINANCIAL WORRIES** | |  | | |  | | | | |
| **HEALTH CONCERNS** | |  | | |  | | | | |
| **OTHER** | |  | | |  | | | | |
| **Have you ever use any other services at Mind in Haringey?**  **Yes No Which service(s):** | | | | | | | | | |
|  | **Name and address of GP:** | | | | | | |  | |
| **Referrals without GP details are not accepted – your GP is not notified that you are attending sessions.** | | | | | | | | | |
| **GP NAME:** | | | **SURGERY/HEALTH CENTRE ADDRESS:** | | | | | | |
| **TELEPHONE NUMBER:** | | | | | | | | | |
|  | **Emergency Contact Details:** | | | | | | |  | |
| **Name:** | | | | **Relationship:** | | | | | |
| **Contact Number:** | | | | | | | | | |

**Signature of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE COMPLETE THE ABOUT YOU FORM ATTACHED NEXT**