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**EMOTIONAL SUPPORT PROVISION- REFERRAL FORM**

**REFERRERS DETAILS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Referrers contact details** | |
| Name of referrer: Date of referral | |
| Address:  Postcode: | Position in Agency: |
| Contact number  Work:  Mobile:  Email: |
| Leaving care team □ social services □ Troubled families □  Early intervention □ Other *Please state below* □ | |
| Relationship to young person: | |

**YOUNG person’s details**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Younger Persons contact details** | | | | | | | |
| Name of Client: | | | DOB: | | | Male □ Female □ | |
| Address:  Postcode: | | | Is the client aware of the referral? Yes □ No □  \*if yes what s is the clients view of the referral? Please state below...  Positive □ Negative □ Not known □ | | | | |
| What method would be better to contact the client by?  Post □ Telephone □ Email □  \*please inform client that younger minds and families has a private number and will come up as blocked | | | Contact number  Work: Mobile:  Home:  Email: | | | | |
| Spoken language: | | | Sexuality: | | | | |
| Borough | Haringey □ | Barnet □ | Enfield □ | | Islington □ | | Other ( please state) □ |
| Employment status | Unemployed □  Self employed □ | ESA □ | PT work □ | | FT work □ | | Student □ |
| Financial circumstances? *please give a Brief account of any dept situation* | | | | | | | |
| Accommodation status? *please give a Brief account t of placement/ housing situation* | | | | | | | |
| Support network? *Please give a Brief account of support networks...* | | | | | | | |
| REASON THE YOUNG PERSON WOULD BENEFIT FROM THE PROGRAMME/REFERRAL | | | | | | | |
| BACKGROUND HISTORY (length of time in care ,family issues etc) | | | | | | | |
| Risk Assessment Checklist*\* please attach as much info as possible* | | | | | | | |
| Current Risk (please tick)  🞏 Of self neglect  🞏 Of accidental/deliberate self harm  🞏 Of attempted suicide  🞏 Risk of abuse/exploitation by others  🞏 Of serious violence/harm to others  🞏 To children  🞏 To staff  🞏 Non compliance with medication  🞏 Alcohol misuse  🞏 Drug misuse. | | | | Past History of Risk (please tick)    🞏 Of self neglect  🞏 Of accidental/deliberate self harm  🞏 Of attempted suicide  🞏 Risk of abuse/exploitation by others  🞏 Of serious violence/harm to others  🞏 To children  🞏 To staff  🞏 Non compliance with medication  🞏 Alcohol misuse  🞏 Drug misuse. | | | |

Please be aware that we will be unable to accept anyone without a full Risk Assessment and any other relevant additional info as this is just a checklist...

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| If any of the above are ticked, then give a brief description and date of risks identified and risks assessments are to be sent with this form: |
| Have there been any interventions already put into place to help to resolve any of the issue for the young person and their family? |

**FOSTER CARERS/GUARDIANS INFORMATION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Main care provider contact details** | | | | | | | |
| Name of carer: | | | DOB: | | | Male □ Female □ | |
| Relationship to the client: | | | | | | | |
| Address:  Postcode: | | | Is the carer aware of the referral? Yes □ No □  \*if yes what s is the clients view to the referral? Please state below...  Positive □ Negative □ Not known □ | | | | |
| What method would be better to contact the client by?  Post □ Telephone □ Email □  \*please inform client that mind in Haringey has a private number and will come up as blocked | | | Contact number  Work: Mobile:  Home:  Email: | | | | |
| Spoken language: | | | Sexuality: | | | | |
| Borough | Haringey □ | Barnet □ | | Enfield □ | Islington □ | | Camden □ |
| Employment status | Unemployed □  Self employed □ | ESA □  Retired □ | | PT work □  Income support □ | FT work □ | | Student □ |
| How well is Young Person with Money? *please give a Brief account of any dept situation* | | | | | | | |
| How well is young person at looking after his/her Accommodation or space? *please give a Brief account of housing situation* | | | | | | | |
| What Support network has the young person have? *please give a Brief account of support networks:* | | | | | | | |

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| Any other problem and further information: |

**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. 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.

Do you agree to us using your data in this way? (please circle yes or no) 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

Post

Phone

Email

Text

Signature…………………………………………………………………………………………………………………………………………

If you wish to remove your agreement to our use of your data at any point please let us know by either in;

**Writing:** Mind in Haringey, Station House, 73c Stapleton Hall Road, London, N4 3QF

**Email:**[admin@mih.org.uk](mailto:admin@mih.org.uk)

**Tel:** 020 8340 2474

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

Signature of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| To be completed by Mind in Haringey’s Admin staff | | |
| Name of Staff member that inputted data:  Date inputted on to system: | | |
| Referral Accepted □ | Referral Declined □ | |
| If Declined why? And onwards referrals? | | |

ETHNICITY CODING GUIDANCE

In accordance with the Trust’s policy on ethnic monitoring, we collect information about the ethnicity of people who use all younger minds and families services. The information collected is used to address any inequalities and to ensure that the needs of ethnic groups are being met.

Information about ethnicity is held confidentially in accordance with the Data Protection Act. Whilst we would encourage you to provide this information, the Client is not obliged to do so.

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| Asian or Asian British – Bangladeshi  Asian or Asian British – British  Asian or Asian British – Caribbean Asian  Asian or Asian British – East African Asian  Asian or Asian British – Indian  Asian or Asian British – Kashmiri  Asian or Asian British – Mixed Asian  Asian or Asian British – Pakistani  Asian or Asian British – Punjabi  Asian or Asian British – Sinhalese  Asian or Asian British – Sri Lanka  Asian or Asian British – Tamil  Asian or Asian British – Any Other Background  Asian or Asian British – Other / Unspecified  Black or Black British – African  Black or Black British – Caribbean  Black or Black British – Somali  Black or British Black – British  Black or British Black – Mixed  Black or British Black – Nigerian  Black or British Black – Somali  Black or Black British – Any Other Background  Black or British Black – Other / Unspecified  Mixed – Asian and Chinese  Mixed – Chinese and White  Mixed – White & Black Caribbean  Mixed – Black and Chinese  Mixed – Black and White | Other Ethnic Groups – Chinese  Other Ethnic Groups – Filipino  Other Ethnic Groups – Japanese  Other Ethnic Groups – Malaysian  Other Ethnic Groups – Vietnamese  Other Ethnic Groups – Any Other Background  White – Albanian  White – All Republics of former USSR  White – Bosnian White – British  White – Cypriot (not stated)  White – English White – Greek  White – Greek Cypriot White – Gypsy / Romany  White – Irish White – Irish Traveller  White – Italian White – Kosovan  White – Mixed White White – Northern Irish  White – Other European White – Any Other Background  White – Other Republics of former Yugoslavia  White – Polish White – Scottish  White – Serbian White – Traveller  White – Turkish White – Turkish Cypriot  White – Welsh  White – Other / Unspecified  Mixed – Black and Asian  Mixed – White & Black African  Mixed – Any Other Background  Mixed – Other / Unspecified  Please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please enter the ethnic group with which the Client