

# Camden Hub Referral Form



## Personal Details:

Full Name:	<input type="text"/>	Phone Number:	<input type="text"/>
D.O.B:	<input type="text"/>	Address:	<input type="text"/>
Gender:	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>		

## Details of the referrer:

Full Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Job Title:	<input type="text"/>	Address:	<input type="text"/>
Agency:	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>		

## Reason for referral:

What does the person being referred hope to gain from Hub? How can the Hub help?

<input type="checkbox"/> Improve living skills	<input type="checkbox"/> Improve self-esteem	<input type="checkbox"/> Improve social network
<input type="checkbox"/> Support with finances	<input type="checkbox"/> Support with mental health	<input type="checkbox"/> Finding meaningful activities
<input type="checkbox"/> Physical health	<input type="checkbox"/> Back to work/Education	Other: <input type="text"/>

## Emergency contact:

Full Name:	<input type="text"/>	Address:	<input type="text"/>
Relation:	<input type="text"/>		
Phone Number:	<input type="text"/>	Postcode:	<input type="text"/>

## Physical health:

Please let us know if you have any serious physical condition or have been feeling physically unwell recently. If applicable, tell us about the type of treatment that you have been following:

Are you currently registered with a GP?  Yes  No Name of practise:

## Mental health:

Please let us know if you are experiencing or have been experiencing poor mental health, including the diagnosis that was given to you and the treatment you have been following (if applicable):

## Anything else you would like us to know about?

## Adult Social Care status

Are you currently eligible for adult social care?  Yes  No

If the answer above is 'Yes', are you currently in receipt of:

A direct payment  A personal budget

**Please Note:** Before you can submit this form you must read and accept our privacy statement which you can find on the next page.

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To ensure we are working with the breadth of the Camden community, please mark your ethnicity below (this is optional):

White	English / Welsh / Scottish / Northern Irish / British Irish Gypsy or Irish Traveller Any other White background
Mixed/Multiple	White and Black Caribbean White and Black African White and Asian Any other mixed/ multiple ethnic background
Asian / Asian British	Indian Pakistani Bangladeshi Chinese Any other Asian background
Black / African / Caribbean / Black British	African Caribbean Any other Black/ African/ Caribbean background
Other Ethnic Group	Arab Any other ethnic group

## Privacy Statement

We only collect information that is necessary to provide our service, and we promise to look after it.

### 1) The information we collect

As well as collecting the information in the referral form, we will also take notes relating to our work with you after each meeting. Over the course of our work with you we may also collect information from other services or individuals in your support network. Where relevant this may include details about your physical or mental health.

### 2) What we do with it

We use this information to provide our service. We may also use this information to evaluate and improve our services.

We only keep information as long as is reasonable and required by social care guidelines.

You have a right to access this information at any point and request for us to delete or amend it.

### 3) Does anyone else see my information?

In order to provide you with our service, there may be times when we need to share some of your information with our partner organisations or relevant members of your support network. This is the only time we will do so.

We may share your personal information if required by law, or to protect against harmful or illegal activity.

**If you agree to your information being used in this way please tick this box.**

View our *privacy policy* online ([www.camdenhub.org.uk/privacy](http://www.camdenhub.org.uk/privacy)) for details on use and storage of your personal data.

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## FOR OFFICE USE ONLY:

Has the user been invited for an assessment:  Yes  No    What is the date of the assessment:

Any further information/document required from the users or the referrer:  Yes  No    Which?  Risk assessment  Care plan

For more information please email [contactus@camdenhub.org.uk](mailto:contactus@camdenhub.org.uk) or visit [www.camdenhub.org.uk](http://www.camdenhub.org.uk)