

6-8 Session Service referral form

Personal details

Full name	<input type="text"/>		
Date of birth	<input type="text"/>	Address	<input type="text"/>
Email	<input type="text"/>		
Phone	<input type="text"/>	Postcode	<input type="text"/>

The following five questions are to help us understand whether we are working in a way that is accessible to all kinds of people. If you don't want to answer any of these questions, you can select 'prefer not to say'.

Ethnicity	<input type="text"/>
Gender	<input type="text"/>
Sexual orientation	<input type="text"/>
Religion	<input type="text"/>
Do you consider yourself to have a disability?	<input type="text"/>

Emergency Contact details

Full name	<input type="text"/>		
Relation	<input type="text"/>	Address	<input type="text"/>
Email	<input type="text"/>		
Phone	<input type="text"/>	Postcode	<input type="text"/>

Reason for referral

How can the Hub help?

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

If 'Other', please provide more information

Mental health

Please let us know if you have been experiencing challenges with your mental health, including any treatment you have been following, or support you've been receiving.

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.

Details of your GP

Are you currently registered with a GP?

- Yes No

If 'Yes', what is the name of your GP practise?

Is there anything else you would like us to know?

Referrer details

You do not need to fill out this section if you are self-referring

Full name	<input type="text"/>		
Job title	<input type="text"/>	Address	<input type="text"/>
Agency	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>	Postcode	<input type="text"/>

Privacy statement

We only collect information that is necessary to provide our service, and we promise to look after it. You can view our privacy policy online at www.likewise.org.uk/privacy for details on use and storage of personal data.

- 1. The information we collect.** On our referral form, we collect general personal details as well as sexual orientation, ethnicity, which you have the right to choose not to share. As well as collecting the information in the referral form, we may also collect data concerning your health and 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 are required to collect your ethnicity and sexual orientation in order to deliver on statutory contracts from our Local authority for their equalities monitoring. These categories are anonymised when provided to the local authority. 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.

Before you can submit this form you must read and accept our privacy statement.
Please tick this box if you agree to your information being used in this way.

For office use only

Has the user been invited for an assessment?

Yes No Date:

Further information or documentation required?

Risk assesment Care plan None