|  |
| --- |
| NOTE: This is the **clinical referral form** to be completed by general practitioners and secondary mental health professionals wishing to refer clients onto the Pathways to Employment service.  Individuals wishing to access employment support should use the **self-referral form** which can be found on our website at:  <https://www.thecellartrust.org/what-we-do/how-to-access-our-services/> |

**How to complete and submit the form**

* Please complete this form as accurately and clearly as possible ensuring it is checked thoroughly before submission to avoid possible delays in accessing the service.
* If you have any difficulty completing this form please contact us on **01274 588002** and we will be happy to help you.
* For security reasons, we can only accept referrals via post or email. Please send the completed referral form and any relevant documentation to:

|  |  |
| --- | --- |
| Via post: | **Pathways to Employment Team** The Cellar Trust Farfield Road Shipley BD18 4QP |
| Via email: | [referrals@thecellartrust.org](mailto:referrals@thecellartrust.org) |

* When submitting a referral via email please ensure you complete the following:

1. Password protect the document before sending.
2. Send the password in a separate email.

**What happens after you make a referral?**

* Once we receive a referral we will confirm receipt via email or post.
* We operate a waiting list for our Pathways to Employment service and as a result waiting times to access the service can vary.
* You can follow the progress of your referral by contacting:

|  |
| --- |
| **How we use your data** |
| *In order for us to support you we need to record some of your personal details which may also contain sensitive information. We process your personal data in line with the General Data Protection Regulation (GDPR) and you are able to withdraw your consent to us holding your data at any time (unless there is a legal reason for us keeping it). More details can be found in our Privacy Policy and Client Privacy Notice – available from a member of staff or on our website:* [*www.thecellartrust.org/privacy/*](http://www.thecellartrust.org/privacy/) |

E: [referrals@thecellartrust.org](mailto:referrals@thecellartrust.org) T: 01274 588002

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **About the client** | | | | | | | | | |
| **Title:** | | | **First name:** | | | | **Surname:** | | |
| **Date of birth:** | | | | | | NHS Number: | | | |
| **Permanent address:** | | | | | | National Insurance Number: | | | |
|  | | | | | | Emergency contact: | | | |
| **Post code:** | | | | | | Relationship to client: | | | |
| **Phone:** | | | | | | Emergency contact address: | | | |
| **Mobile:** | | | | | | Emergency contact post code: | | | |
| **Email:** | | | | | | Emergency contact phone: | | | |
| **Gender:** | Male | Female  Transgender Male  Transgender Female  Non Binary | | | | | | | |
| **Sexuality:**  Heterosexual  Bisexual  Gay  Lesbian  Not stated  Other | | | | | | | | | |
| **Ethnic Origin:** | | | | | White British | | | White Irish | |
| Other White | | | | | Mixed White & Black African | | | Mixed White & Asian | |
| Mixed White & Black Caribbean | | | | | Other mixed | | | Asian / Asian British Indian | |
| Asian / Asian British Pakistani | | | | | Asian / Asian British Bangladeshi | | | Other Asian | |
| Black / Black British Caribbean | | | | | Black / Black British African | | | Any other Black background | |
| Chinese | | | | | Any other ethnic background | | | Not stated | |
| **Which service are you referring the client to?** | | | | | | | | | |
| Pathways to Employment Service (Employment) | | | For people over 18, who are **out of work** with moderate to severe, and/or enduring mental health problems who want to work towards a specific goal such as education, training, voluntary or paid work. | | | | | | |
| Pathways to Employment Service (Work retention) | | | For people over 18, who are **in work but on sick leave** who need support to return to work. | | | | | | |
| **Where does the client wish to be seen?** | | | | | | | | | |
| Shipley (Farfield Rd, BD18) | | | | Bradford city centre | | Keighley (BD22) | | | Skipton (BD23) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **About the referrer** | | | |
| **Title:** | **First name:** | | **Surname:** |
| **Organisation:** | | **Job role:** | |
| **Address:** | | **Phone:** | |
|  | |  | |
| **Post code:** | | Date of referral: | |
| **Referrer’s email:** | | | |

|  |  |
| --- | --- |
| 1. **The clinical team** | |
| **GP name:** | **GP surgery:** |
| **Address:** | **Phone:** |
|  | **Email:** |
| **Post code:** |  |

|  |  |
| --- | --- |
| 1. **The clinical team (continued)** | |
| **Psychiatrist/Care Coordinator name:** | |
| **Address:** | **Phone:** |
|  | **Email:** |
| **Post code:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Relevant background information** | | | | | |
| **Mental Health diagnosis:** | | | | | |
| **Summary of the impact this is having on their life:** | | | | | |
| **Does the client have any other health problems/disabilities and how might these impact on their ability to engage with our service? Are any reasonable adjustments needed?** | | | | | |
| **Are these other health problems/disabilities secondary to their mental health problem?** | | | | Yes | No |
| **If no, please give details:** | | | | | |
| **Has the client used our Pathways to Employment service before?**  *(including work retention service)* | | | | Yes | No |
| **If yes, when was this and what has changed since the client last attended?** | | | | | |
| **Which of the following benefits does the client receive?** | | | | | |
| Job Seekers Allowance | | Personal Independence Payment | Universal Credit | | |
| ESA (Support group) | ESA (Work related group) | | Disability Living Allowance | | Income Support |
| **Does this person need to be seen by two workers?** | | | | Yes | No |
| **If yes, please give details:** | | | | | |
| **Does this person need to be seen by a specific gender of staff?** | | | | Yes | No |
| **If yes, please give details:** | | | | | |
| **Are there any other support factors which we need to consider?** | | | | Yes | No |
| **If yes, please give details:** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Risk assessment** | | | |
| **Date of assessment:** | **Completed by:** | | |
| **Is the client on CPA?** | | Yes | No |
| **If yes, have you attached the CPA?** | | Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Harm to self** | Current (in the last 6 months) | | Historical (ever) | |
| Act with suicidal intent | Yes | No | Yes | No |
| Self harm | Yes | No | Yes | No |
| Suicidal ideation | Yes | No | Yes | No |
| **If yes, please give details:** | | | | |
| **Harm to others** | Current (in the last 6 months) | | Historical (ever) | |
| Sexual exploitation/assault | Yes | No | Yes | No |
| Violence/aggression (any) | Yes | No | Yes | No |
| Risk to children (including Schedule 1) | Yes | No | Yes | No |
| Exploitation (financial/other) | Yes | No | Yes | No |
| Stalking | Yes | No | Yes | No |
| Risk to vulnerable adults | Yes | No | Yes | No |
| **If yes, please give details:** | | | | |
| **Harm from others** | Current (in the last 6 months) | | Historical (ever) | |
| Exploitation/abuse (sexual/financial) | Yes | No | Yes | No |
| Emotional/psychological abuse | Yes | No | Yes | No |
| Violence/aggression | Yes | No | Yes | No |
| Risks of medication/treatment | Yes | No | Yes | No |
| **If yes, please give details:** | | | | |
| **Accidents** | Current (in the last 6 months) | | Historical (ever) | |
| Accidents in the home | Yes | No | Yes | No |
| Misuse of medication | Yes | No | Yes | No |
| Accidents outside the home | Yes | No | Yes | No |
| Driving/road safety | Yes | No | Yes | No |
| **If yes, please give details:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other risks** | Current (in the last 6 months) | | Historical (ever) | |
| Police involvement (any) | Yes | No | Yes | No |
| Inappropriate contact (calls/visits) | Yes | No | Yes | No |
| MAPPA | Yes | No | Yes | No |
| Sex offender | Yes | No | Yes | No |
| TILT high risk | Yes | No | Yes | No |
| Probation service involvement | Yes | No | Yes | No |
| Damage to property/theft | Yes | No | Yes | No |
| CTO | Yes | No | Yes | No |
| **If yes, please give details:** | | | | |
| **Factors affecting risk** | Current (in the last 6 months) | | Historical (ever) | |
| Substance misuse (alcohol/drugs) | Yes | No | Yes | No |
| Risk of losing essential services | Yes | No | Yes | No |
| Major Life Event | Yes | No | Yes | No |
| Current Mental State | Yes | No | Yes | No |
| Ability to summon help | Yes | No | Yes | No |
| Refusal/Disengagement of services | Yes | No | Yes | No |
| Discontinuation of medication | Yes | No | Yes | No |
| Client unaware of risk (to self/others) | Yes | No | Yes | No |
| **If yes, please give details:** | | | | |