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| NOTE: This is the **self-referral form** for the Pathways to Employment service, to be completed by individuals wishing to access employment support.  Referrals from general practitioners and secondary mental health professionals should use the **clinical 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:

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| 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:

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

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| **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/) |

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| 1. **Personal Information** | | | | | | | |
| **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 yourself for?** | | | | | | | |
| 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. | | | | |

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| **Which location would you prefer to be seen?** | | | |
| Shipley (Farfield Rd, BD18) | Bradford city centre | Keighley (BD22) | Skipton (BD23) |

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| 1. **Doctors Details** | |
| **GP name:** | **GP surgery:** |
| **Address:** | **Phone:** |
|  | **Email:** |
| **Post code:** |  |

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| 1. **Mental Health Support & Information** | |
| **Do you have a Mental Health diagnosis?** *If yes, please provide details including when you received the diagnosis.* | |
| **Are you currently accessing support from primary or community mental health services?**   Yes  No  *If yes, please provide details* | |
| **Psychiatrist/Care Coordinator name:** | |
| **Address:** | **Phone:** |
|  | **Email:** |
| **Post code:** |  |

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| 1. **Background Information** | | | |
| **Please briefly summarise the impact your mental health has on your life** *e.g. stops you from attending appointments.* | | | |
| **Do you have any other health problems or disabilities?** | | | |
| **Are these other health problems/disabilities secondary to your mental health problem?**  *If no, please provide details* | | Yes | No |
|  | | | |
| **How might these health problems/disabilities affect your ability to engage with our service?**  *Are any reasonable adjustments needed?* | | | |
| **Have you used our Pathways to Employment service before?**  (including work retention service) | | Yes | No |
| *If yes, when was this and what has changed since you last attended?* | | | |
| **Do you currently receive any of the following benefits?**  *Please mark all that apply* | | | |
| **JSA** Job Seekers Allowance  **ESA** Employment Support Allowance (Work related group)  **ESA** Employment Support Allowance (Support group) | **PIP** Personal Independence Payment  **UC** Universal Credit  **DLA** Disability Living Allowance  **IS** Income Support | | |
| **Are there any other factors which we need to consider in order to support you?**  *e.g. a specific gender of staff* | | Yes | No |
| *If yes, please give details* | | | |

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| **Declaration** | |
| *I confirm that the information provided within this form is correct to the best of my knowledge and understand that any issues that may arise relating to the accuracy of the information I have provided could result in a possible delay to the processing of my referral.*  *I am happy for my personal data to be processed in line with the General Data Protection Regulation (GDPR) – See bottom of page 1 of this form - ‘How we use your data’* | |
| Print Name: | |
| Signed: | Date: |