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**For office use only**

Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ID No \_\_\_\_\_\_\_\_\_\_\_\_

**Referral Form for Mind in Mid Herts (MiMH) Services**

Please fully complete this form to access our services

**First Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title :**  \_\_\_\_\_\_\_

**Address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact No :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Can we leave voice/text messages?** Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **In the case of an emergency who would you like us**

**Post Code :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to contact? :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**email address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **What is their relationship to you? :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **What is their contact No? :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Gender :** Male Female Transgender I’d rather not say

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**If you are under the care of the Community Mental Health service, please indicate which team:**

|  |  |
| --- | --- |
| **Wellbeing Team Support & Treatment Team**  **Targeted Treatment Team Specialist MH Team for Older People**  **Other (please specify)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **And who do you see?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please note that a risk assessment will be required from a Mental Health Team or Adult Care Services. If you*  *are a professional supporting someone to complete this form please attach a risk assessment.*   |  | | --- | | **GP’s surgery :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GP’s name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **We provide the following services. Please tick the ones you are interested in.** [Please note that a small  charge is made for most services.]  **Counselling**  (eg one-to-one or family counselling)  **Specialist Support Groups**  (eg OCD, Carers, Personality Disorder, LGBT, Hearing Voices, Young People)  **Vocational / employment Support**  **Life Skills courses**  (eg anxiety, depression management)  **Groups:**   * **Creative groups**   (eg art, craft, drama, music)   * **Talking groups**   (eg peer support, wellbeing,  men’s, women’s groups)   * **Active groups**   (eg allotment, cycling, walking) | |

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| **We have centres in the following locations. Please tick all the locations you are interested in:**  St Albans Stevenage Hertford Welwyn Garden City |

***[PLEASE NOTE THAT NOT ALL SERVICES ARE AVAILABLE IN ALL OUR CENTRES.]***

**How did you find out about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were you referred to us by?** The Wellbeing Team Other Mental Health Team GP

Hospital HertsHelp Job Centre Turning Point CGL Self-referral

Other (*please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consider yourself to have a disability?** Yes No

**If ‘Yes’, please describe your disability:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you require disabled access?** Yes No

**Do you have any unspent convictions?**  Yes No

**PTO**

**Our commitment to you**

* We will always respect your personal information and privacy.
* All information which is shared is confidential, subject to the following conditions:
  + All staff working at Mind in Mid Herts are required to have supervision for ongoing professional development. Individual cases and information might be discussed as part of this process, but service users’ anonymity will be protected at all times.
  + Project Officers have access to service users’ files to monitor and report on the services.
  + Staff and volunteers are not permitted to keep secrets. They are bound by a duty of care to share any information which might give any cause for concern.

**Your Rights**

To comply with the new regulation we have procedures and technologies in place so by making a written request you can exercise your:

* Right to be informed about how we collect and use your information.
* Right of access : We have an ‘open file’ process which enables you to access all your records whenever you wish.
* Right to rectification and data quality : We will ensure that the personal data we hold remains up-to-date and accurate.
* Right to erasure : We have processes in place to securely dispose of personal data that is no longer required, or where you have asked for it to be erased. However, please note that Mind in Mid Herts is subject to laws governing retention periods.
* Right to object to the use of your personal data : We will not use your data for direct marketing without your positive consent. You also have the right to restrict our processing of your data while we address any objection you raise.
* Right to data portability : We will provide your data to a new or additional service provider if you so wish.

**How would you like to hear from us?**

1. Regarding the services and projects we offer:

**\* Please indicate all the ways you would like us to contact you:**

**By Post: *Yes* By email: *Yes* By Phone: *Yes* By SMS (text): *Yes***

***No No No No***

B) Newsletters, meetings and other general information:

**\* Please indicate all the ways you would like us to contact you:**

**By Post: *Yes* By email: *Yes* By Phone: *Yes* By SMS (text): *Yes***

***No No No No***

***\* Please note that you can change or withdraw your consents at any time.***

**Service User declaration:** *The details I have given are accurate. I give my permission for Mind in Mid Herts to obtain information (including risk assessments) from other agencies which currently support me, both statutory and charity sector.*

**Signature :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the completed form to your nearest Mind in Mid Herts centre:**

**Hertford St Albans Stevenage Welwyn Garden City**

1st Floor 11 Hatfield Road 13 Town Square 3rd Floor

The Hinds Room St Albans Stevenage Campus West Tower

The Seed Warehouse AL1 3RR SG1 1BP Welwyn Garden City

Hertford (Tel 01727 865070) (Tel 01438 369216) AL8 6AE

SG14 1PX (Tel 01707 326065)

(Tel 01992 584387)

**Alternatively you can : Fax to 01727 838545 or email to** [admin@mindinmidherts.org.uk](mailto:admin@mindinmidherts.org.uk)

**Please note : This referral form can be downloaded from our website at** [www.mindinmidherts.org.uk](http://www.mindinmidherts.org.uk)