

Referral Form

For Office Use:

Date Received
Added to system
Allocated to

Great Yarmouth & Waveney Mind is a forward-thinking community based organisation which encourages and supports mental wellbeing.

Name		Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please specify)		Date of birth Age	
Address		Telephone / Mobile			
Postcode		Can a voicemail be left?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		If applicable, can a voicemail be left with a parent or guardian?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email (please write this in capital letters)		Ethnicity			
Preferred method of contact Text <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/>		For an initial appointment please contact Myself (or person being referred) <input type="checkbox"/> My referrer <input type="checkbox"/>			
Name of GP Surgery: Phone number of Surgery: Name of GP:		If you are Self Referring, did your GP ask you to refer to us? YES NO <input type="checkbox"/> <input type="checkbox"/>			
Unfortunately, we cannot accept referrals if:					
For ages 14 – 25:			For ages 25+:		
<ul style="list-style-type: none"> The young person regularly uses life threatening behaviours The young person has a developmental delay/disorder, learning difficulty, ADD/ADHD, Autistic Spectrum Disorder (including Asperger's) 			<ul style="list-style-type: none"> An individual is alcohol and/or drug dependent An individual is living with learning disabilities 		
Please give details of the support needs you have, please tick all that apply					
Accessing personal development courses	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Self-Harm	<input type="checkbox"/>
Accessing Social Activities	<input type="checkbox"/>	Confidence and self esteem	<input type="checkbox"/>	Stress	<input type="checkbox"/>
Anger	<input type="checkbox"/>	Low Mood	<input type="checkbox"/>	Understanding difficult relationships (home/education/work)	<input type="checkbox"/>
BME (Black Minority Ethnic Communities)	<input type="checkbox"/>	Our Residential Accommodation (professional referrals only)	<input type="checkbox"/>	Support for Carers (if you are caring for a person with a mental health condition)	<input type="checkbox"/>
Other – please give details in the other information box over leaf					
<input type="checkbox"/> Support with a diagnosed mental health condition – please give details:					
Referrer details (if appropriate)					
Name	Organisation		Role / Department		
Telephone / Mobile	Email (if you are happy for us to email client information)				

Please provide a brief overview of your current situation to help us best identify the support required:

Risk Assessment and relevant information

Is there a history of any of the following risks – please tick all that apply	Yes	No
Risk of violence / aggression		
Damage to property		
Risk to children		
Use of illegal substances		
Use of alcohol to excess		
Inappropriate sexual behaviour		
Other		

If you have answered yes to any above, please give further details including how current the risk is

Please note:

Incomplete referrals will be returned as we require all information before accepting the referral.

Please sign and date _____
Referred person Date

_____ Date
Referrer (if applicable)

Please return form to: **Referrals, Great Yarmouth & Waveney Mind, 28-31 Deneside
Great Yarmouth, NR30 3AX. Tel 01493 842129
Email reception@gywmind.org.uk**

Data Protection: Referral Consent Form

Permission to store and process your data:

To help with your referral and any support you receive from Great Yarmouth & Waveney Mind we will need to record your details. These will include personal and sensitive data. (Personal data is information that can be used to identify you for example: your name, DOB, address etc. Sensitive data is information related for example to health, racial or ethnic origin)

To comply with Data Protection, we must ask your permission to store and process your personal and sensitive data for this process. Your data will be stored on a cloud based electronic database accessed by employees of Great Yarmouth & Waveney Mind. Paper copies of your data may also be stored securely and accessed by employees of Great Yarmouth & Waveney Mind. Your data will continue to be stored for 3 years from the date you leave our service.

Overleaf are some key statements about our Data Protection and Privacy Policy please read them before you give your consent.

I give my consent for Great Yarmouth & Waveney Mind to record and process personal data about myself.

Name			
Signature		Date	

I give my consent for Great Yarmouth & Waveney Mind to record and process sensitive data about myself.

Name			
Signature		Date	

How will my data be used?

Your data will be used for the purpose of providing you with an information, advice and support service. We will also use anonymised sensitive/personal data for the purposes of statistical monitoring. (Anonymised data means we won't use data that can identify an individual).

Can I withhold my consent?

You can withhold your consent, but Great Yarmouth & Waveney Mind will not be able to provide you with an information, advice and support service which includes provision of paper and electronic information and events.

Who will you share my data with and why?

Your information is confidential within Great Yarmouth & Waveney Mind and not solely with an individual Support Worker.

You may ask us to contact external agencies on your behalf, if this occurs we will obtain separate consent from you.

We will only ever share your information with your permission (unless required to do so by law).

My rights under Data Protection

You have the right to:

- Ask for access to your personal data (this is known as Subject Access Request)
- The right to correct any inaccuracies (this is known as Request for Rectification)
- The right to deletion of personal data in some circumstances (this is known as Erasure)
- To withdraw your consent at any time (this is known as Request to Withdraw Consent)
- The right to transfer data we hold to another organisation (this is known as Request to Transfer Data)
- The right to object to data being held (direct marketing only) (this is known as Request to Object)

To make a request under these rights you can write to us at Great Yarmouth and Waveney Mind, 28-31 Deneside, Great Yarmouth, Norfolk, NR30 3AX, addressing your correspondence to the CEO, or you can download the relevant forms from our website at www.gywmind.org.uk (under reports and policies.)

If you have concerns about the way we handle your personal data please write to us at CEO, Great Yarmouth and Waveney Mind, 28-31 Deneside, Great Yarmouth, Norfolk, NR30 3AX. If you still feel we haven't dealt with them properly, you can contact the Information Commissioner's Office on *0303 123 1113* or raise a complaint at www.ico.org.uk/concerns

You'll find more information on Great Yarmouth & Waveney Mind's full Data Protection and Privacy Statement at www.gywmind.org.uk (under reports and policies.)