

Kirklees Employment Service Referral Form.

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| **Application for Kirklees Employment Service** |
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Please read carefully and choose the option(s) that suit you, then go to page 2 to begin completing the referral form\*:

\*Please see page 4 for detailed information about the pathway options and what they include.

**Pathway 1:** I would like to be in employment, education, training, or voluntary/placement work within the next 6 months, and access Peer Support [ ]

**Pathway 2:** I want to focus on my mental health wellbeing and confidence. [ ]

Please return Referral forms to:

Kirklees Employment Service, The Media Centre, 7 Northumberland Street, Huddersfield, HD1 1RL.

Alternatively, you can email the completed for to: Info.KirkleesES@waythrough.org.uk

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| Personal Information |

*Information provided in this application will be treated as confidential. Your Date of Birth and Postcode may be passed to our commissioners at the NHS and Kirklees council for contract monitoring purposes; your completion of this form shows your agreement to this. No further personal information will be shared with commissioners or to anyone outside of Waythrough without the Applicant’s permission.* ***Please complete all sections in full*** |

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| **Title:** |  | **Gender Identity:** |
| Miss [ ]  / Mrs [ ]  / Ms [ ]  / Mr [ ]  / Other [ ]  |  | Male [ ]  / Female [ ]  / Other [ ]  |
|  |  |  |
| **First Name:**  |  | **Date of Birth:** |
|  |  |  |
| **Surname:**  |  | **Telephone Number:**  |
|  |  |  |
| **Address:**  |  | **Email:**  |
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| **­****Postcode:**  |  | **National Insurance Number:** |
|  |  |  |
| **Ethnicity:**  |  | **NHS Number:**  |

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| **Contact Preferences** |

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| **Please be aware we will text you following your referral to make initial contact to arrange a welcome call. Following this how would you prefer to be contacted?** |
| Phone Call [ ]  / Text [ ]  / Email [ ]  / Letter [ ]  Can we leave a voicemail? Yes [ ]  / No [ ]  |

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| **Goals** |
| **What would you like to achieve in the next 6 months?**  |
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| **Other Services** |

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| **Are you currently receiving support from any other services? *Please List:*** |
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| **Have you previously served in the Armed Forces?**  |
| Yes [ ]  / No [ ]   |
| **Have you used Kirklees Employment Service before?**  |
| Yes [ ]  / No [ ]  |

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| **Self- Referral**  | Yes [ ]  / No [ ]  |
| ***If you are referring someone into the service, please provide the following information*** |
| **Referrers Name:**  | **Referrer’s Organisation:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Number:** | **Address:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Address:**  | **Relationship to you:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Important: Referrers must attach a current risk assessment if one is available.****We will share this risk assessment with the service user when completing our initial assessments.** |

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| **Referrer Information** |

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| **Health Information** |

Please answer the following questions so that we can ensure you get the right support. If you answer yes to any of the following it does not mean you will not be supported, it means that we can ensure support is specific to your needs. ***We cannot process your referral without this information.***

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| What is your mental health diagnosis (whether this be medically diagnosed or self-diagnosed) |  |
| Are you receiving professional Support for your mental health?  |  |

**In the last 6 months have you experienced any of the following *(tick all that apply)***

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|  |  | **Comments** |
| Suicide Attempts/Thoughts |[ ]   |
| Self-Harm/Injury |[ ]   |
| Self-Neglect  |[ ]   |
| Anger Management challenges |[ ]   |
| Do you feel you are a risk to others?  |[ ]   |
| Do you feel at risk from others?  |[ ]   |

**Do you have any of the following secondary needs *(tick all that apply):***

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|  |  | **Comments** |
| Autism  |[ ]   |
| Aspergers |[ ]   |
| Learning Disability |[ ]   |
| Physical Disability |[ ]   |
| Alcohol Dependency or challenges  |[ ]   |
| Substance Dependency or Challenges  |[ ]   |
| Other  |[ ]   |

**I am under a *(tick all that apply):***

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| CPA (Care Programme Approach) |[ ]   |
| Restriction Order |[ ]   |
| Probation Order  |[ ]   |
| Section 117 |[ ]   |
| Supervised Community Order  |[ ]   |
| Multi-Agency Protection Order |[ ]   |

**Do you have any criminal convictions?**

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| **Conviction** | **Date of offence** | **Any restrictions we need to be aware of** |
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| **Marketing** |

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| **Where did you hear about us?**  |

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| **Signatures** |
| The personal information provided on this form, and in all other dealing with Richmond Fellowship, will be handled in accordance with the General Data Protection Regulations. I agree to provide the above information and will notify Richmond Fellowship of any changes to the details provided on this form. |
| **Client:**  | **Date:**  |
| **Referrer:**  | **Date:** |
| **If completing this form electronically, please tick to confirm consent:** [x]  |

**The Pathways:**

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|  | **Pathway 1** **Employment**  | **Pathway 2** **Peer Support**  | **Pathway 3** **Online**  | **Pathway 4** **Employer Engagement**  |
| Your Main Goal |  Employment Education Training  Volunteering (including volunteering with our service)Placement Retain in employment   Job change Access Peer Support |  Improve wellbeing and understanding of your mental health  Improve confidence Become a Peer Support Champion  |  To begin using both employment and peer support in your own time and at your own pace  |  For employers.  Support employees with workplace mental health  To retain staff Recruiting To support with phased returns  To improve organisation of mental health and employment  |
| Ideal Time Frame to achieve goal |  6 months (will be reviewed regularly and will be flexible based on needs and engagement)  |  12 months  |  No time frame   |  No time frame  |
| Types of meetings |  One to one with adviser:  Face to face Video Email  Phone  |  Face to Face Zoom/Teams Handbooks (self-help documents)  |  Not Applicable  |  Face to face if required  Video Email Phone  |
| Engagement Level | A willingness to have support to do things for yourself and gradually build independence.Committed to attending meetings with adviser (if 2 are missed with no notice you will have to re-refer to the service).Committed to taking on tasks for self in sessions and in between sessionsAgreement that if struggling to engage in sessions, a referral to a different pathway may be more appropriate  | If attending groups, a willingness to engage with the sessions through attendance. Willingness to partake in any tasks set away from sessions (usually more for handbooks). Join in with conversations where possible.  | Decided by the individual  | Willing to make time for appointments with adviser Willing to schedule any workshops into the working day as required |
| Resources Available |  Access to Peer Support and Online Resources Personalised Support Plan. Goals and achievements regularly reviewed. Can also use pathway 2 and 3.  |  Presentations and resources from groups The chance to talk with others with lived experiences  Online Resources Can refer to other pathways when ready   |  Handbooks to complete  Links to other services  Links to mental health support Employability resources such as CV guides, Job searching guides and interview tips. Can refer to other pathways when ready   |  Online Resources Links to helpful sites and guides An Employer and mental health handbook  Tailored meetings with an adviser  Can signpost colleagues to all available pathways  |