

**JourneyMEN Referral form**

Your information is being collected on behalf of JourneyMEN CIC and may be shared with authorised agencies to fully provide you with support and guidance. In all cases we will ensure your data is treated in the strictest of confidence in line with current GDPR.

I understand and consent to my information being collected by JourneyMEN and other appropriate agencies.

 I understand that I can withdraw my consent at any time by notifying JourneyMEN.

 **Tick Box to Consent** ☐

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| --- |
|  **Client Details** |
|   |
|  Name:Forename:Surname:D.O.B:  |
| **Client Contact Details** |
| Tel:Mobile:Email: |
| **Client's Address:** |
| Address:Postcode: |
|  **Next of Kin Details** |
|  Name:Address:Tel:Mobile:Email address: |
|  |
|   |
| **Name of any additional support services** |
| Name: Organization:Tel/Mobile:Name of support worker: |
| **GP Details**:  |
| GP Name: Surgery:Tel. Number: |
| **Demographic** |
| **Gender:** Male: Non-binary: Transgender: Other: **Ethnicity:*****White:***English Welsh Scottish Northern Irish British Irish Gypsy or Irish Traveller Any other White background **Mixed or Multiple ethnic groups:** White & Black Caribbean White & Black African White & Asian Any other Mixed or Multiple ethnic backgrounds**Asian or Asian British:** Indian Pakistani Bangladeshi Chinese Any other Asian background **Black, African, Caribbean, or Black British:** African Caribbean Any other Black, African, or Caribbean backgroundOther ethnic groups: Arab Any other ethnic groupIf not listed, please specify:**Religion/ Belief:** Christianity: Muslim: Buddhist: Hindu: Jewish: No Religion Affiliation or Belief: Atheist: **Marital/Relationship:** Single: Married: Divorced: Widowed: Living with partner: In a relationship: **Sexual Orientation:** Heterosexual/Straight:Homosexual/Gay: Bisexual: Asexual: Prefer not to say: |
| **Support Needs** |
| **Brief Description of Mental Health Support being received:****Diagnosed Mental health disorders:****Medication:** **Registered Disability if so:-****Are you registered disabled, please give brief details below:** |
| **Potential Risks** |
| Alcohol Misuse:Drug Misuse:Self-Harm:Suicidal Thoughts:Suicidal Attempts:Mental Health:Aggression/Violence:Anti-Social Behaviour:Harassment of Others:Gambling Issues:Sexual Offender:Victim of Sexual Assault:Victim of Sexual Offending:Adverse Childhood Experiences (ACEs):**Brief description of Potential risk(s):****Further Details:** |
|    |
| **About yourself** |
| **Have you served for a day or more in the Armed Forces or Reserves?**What are your strengths (skills, talents, aspirations, or goals)?What are your interests/hobbies? Are you a carer or have carers responsibilities?How did you hear about JourneyMEN? |
| Referring Organisation:- |
| Name of Organisation:Name of Referrer:Position:Phone Number:Email:Any Further Details:  |
| Client Signature: DateReferrer Signature: Date  |
|  |
|  |

**"I am confirming that that all details are given in this form are to my best of my knowledge and true and accurate.”**

 Thank you for taking the time to complete this form so we can keep our records up to date with all necessary information.

**Please return the completed form to us by email or by post.**

**enquries@journeymencic.com**

**If a CWP patient, please sent to cwp@journeymencic.com**

**JourneyMEN CIC,**

**56 Chester Street,**

**Birkenhead,**

**Wirral,**

**CH41 5EA**

