

**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** | **Client Contact Details** |
|  Name:Forename:Surname:D.O.B:  | Tel:Mobile:Email: |
| **Client's Address:** | **GP Details**:  |
| Address:Postcode: | GP Name: Surgery:Tel. Number: |
|  **Next of Kin Details** | **Name of any additional support services** |
| Name:Address:Tel:Mobile:Email address: | Name: Organisation:Tel/Mobile:Name of support worker: |
| **Demographic** |  **Demographic** |
| **Gender:** Male ☐Non-binary ☐Transgender ☐Other ☐**Ethnicity:**White British ☐Other ☐Further Details:Asian or Asian British ☐Further Details: Mixed or Multiple ethnic groups☐ Further Details:Black, African, Caribbean, or Black British ☐Further Details:  Any other ethnic group ☐Further Details:**Risk of self-harm, including self-neglect & suicide:**Thoughts of self-harm? **☐** Self-harmed in the last 6 months? **☐** Self-harmed in last 12 months? **☐** Any suicidal behaviours / attempts? **☐**  Any self-neglect? **☐**  |  **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 ☐**Risk of self-harm, including self-neglect & suicide:** More details:More details:More details:More details:More details: |
| **Support Needs** | **Potential Risks** |
| **Brief Description of Mental Health Support needs:****Mental health Conditions:****Medication:** **Registered Disability** ☐If so, please give brief details below: |  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):****Have you served for a day or more in the**  **Armed Forces or Reserves?** ☐If so, please give brief details below: |
| **About yourself** |  **About yourself** |
| 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:** | **Client** |
| Name of Organisation:Name of Referrer:Position:Phone Number:Email:Any Further Details:  | Client Signature:  Date Referrer Signature:  Date:  |

**Any Further Details:**

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**"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 send to cwp@journeymencic.com**

**JourneyMEN CIC,**

**56 Chester Street,**

**Birkenhead,**

**Wirral,**

**CH41 5EA**

