 **in partnership with** 

**JourneyMEN Referral Form**

Your information is being collected and stored by 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. By completing this form you understand and consent to the information being collected and stored by JourneyMEN CIC and agree and understand this may be shared with other appropriate agencies. You can withdraw consent for information to be held at any time by notifying JourneyMEN CIC verbally or in writing.

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| --- |
| **Client Details**  |
| **Title:** |  |
| **Full Name:**   |   |
| **Date Of Birth:**   |   |
| **Awareness** |
| **How did you find out about JourneyMEN?:**   |   |
| **Contact:** |
| **Telephone/Mobile:** |  |
| **Email:** |  |
| **Address** |
| **Address 1:**   |   |
| **Town:** |  |
| **Postcode:**   |   |
| **Children’s Details** |
| **Name:** |   |
| **Date Of Birth:** |  |
| **Gender:** |  |
| **Address child** **resides at:** |  |
| **Any other child(ren):** |  |
| **Next Of Kin** |
| **Relationship:** |  |
| **Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **GP Details** |
| **GP Name:** |  |
| **Surgery:** |  |
| **GP Contact Number:** |  |

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| --- |
|  **Demographic** |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Religion:** |   |
| **Marital/Relationship Status:** |  |
| **Sexual Orientation:** |  |
| **About You (The Client)** |
| **Have you ever served in the Armed Forces or Reserves:** |  |
| **What are your strengths (skills, talents, aspirations or goals):** |  |
| **What are your interests or hobbies:** |  |
| **Are you a carer or have carers responsibilities:** |  |
| **Support Details (Please give as much information here as possible)** |
| **Brief Description of Support Needs (Friendship, Isolation Issues Etc):** |  |
| **Current Mental Health Conditions (Anxiety, Depression, Schizophrenia, etc):** |  |
| **Details Any Medication for the above conditions:** |  |
| **Adverse Childhood Experiences:** |  |
| **Additional Support for Family:** |  |
| **Risk Of Self Harm, Including Self-Neglect & Suicide** |
| **Thoughts of Self-Harm:** |  |
| **Have you self-harmed in the last 6 months (if applicable give info):** |  |
| **Have you self-harmed in the last 12 months (if applicable give info):** |  |
| **Have you had any recent suicidal behaviour?:** |  |
| **Do you have any attempts planned (if applicable):** |  |
| **Any forms of self-neglect (give details if applicable):** |  |
| **Additional Potential Risks** |
| **Substance Misuse:** |  |
| **Gambling Issues:** |  |
| **Aggression or violence towards yourself or others:** |  |
| **Perpetrator of Domestic Abuse:** |  |
| **Are you a registered sexual offender:** |  |
| **Have you been a victim of sexual assault:** |  |
| **Adverse Childhood Experiences:** |  |
| **Status of Physical Health** |
| **Do you have any physical health conditions (Arthritis, COPD, Poor Mobility, etc.) Plus any medication you take:** |  |
| **Are you registered as disabled:** |  |
| **Emergency Services** |
| **Have you used any of the emergency services in the last month:** |  |
| **Any Further Details** |
| **Any information you feel will support or help your referral please add this here:** |  |
| **Referrer Details If Not a Self-Referral** |
| **Organisation Name:** |  |
| **Referral Date:** |  |
| **Name Of Referrer and Job Title:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Details On Any Additional Support Services** |  |
| **GDPR (Data Protection)** |
| **Do you agree to your personal details to be shared to relevant parties if required:** |  |

For Contracted NHS referrals ONLY please send the form to: cwp@journeymencic.com

**All other referrals please return the completed form by email or by post to:**

**By email to: enquiries@journeymencic.com**

 **Or by post to: JourneyMEN CIC**

**56 Chester Street**

 **Birkenhead**

 **Wirral**

** CH41 5EA**

