 **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.

|  |
| --- |
| **Client Details**  |
| **Full Name:**   |  |
| **Date Of Birth:**   |   |
| **NHS Number:** |   |
|  |
| **Telephone/Mobile:** |  |
| **Address** |
| **Address 1:**   |   |
| **Town:** |  |
| **Postcode:**   |   |
| **GP Details** |
| **GP Name:** |  |
| **Surgery:** |  |
| **GP Contact Number:** |  |

|  |
| --- |
|  **Demographic** |
| **Gender:** |  |
| **Ethnicity:** |  |
| **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):** |  |
| **Additional Potential Risks** |
| **Substance Misuse:** |  |
| **Aggression or violence towards yourself or others:** |  |
| **Are you a registered sexual offender:** |  |
| **Referrer Details If Not a Self-Referral** |
| **Referrer and organisation** |  |
| **Referral Date:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **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**

