

If needed in another language, please let us know admin@lets-talk.today

Referral form

Why do we need your information? The information collected in this form is to help us, help you. All information will be kept private and confidential and is underpinned by our Privacy Policy and in accordance with the Principles of the General Data Protection Regulation (GDPR), and Data Protection Act 2018. All information detailed in this form, along with information we receive about you will be available to you on request.

We require your explicit consent to collect sensitive personal information about you which includes your race, ethnic origin, religion, and health Under the [Principles of the GDPR](#) you have the right withhold consent for processing your personal information, however you should be aware that this may impact on the level of service we are able to provide - if you would like to have a chat about this further please speak to a member of the team.

Personal Details

Full Name:			Gender:	
Address:				
Postcode:		DoB		
Contact Number:				
Email:				
Ethnicity:		Religion:		
Language(s) preferred:		Do you require an interpreter? What Language ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Currently in Paid or Voluntary Work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	National Insurance Number:		

Next of Kin – in emergency

Full Name:		Relationship:		
Address:			Postcode:	
Telephone number:				

LETS TALK SELF REFERRAL FORM



GP

DR/GP Name:		Surgery:	
Address:			Postcode:
Telephone number:			

Housing Information – for housing support

Association/Landlord:	
Telephone number:	
<u>Any housing issues?</u>	

Are you involved in any other services?
Are you happy for us to contact them?

Yes ☐ No ☐ if 'yes' please detail below:

Service:		Contact Name:	
Support provided:			
Address:			Postcode:
Telephone number:			

LETS TALK SELF REFERRAL FORM



Mental Health (if applicable) Yes ☐ No ☐

Please provide information:

Health issues (if applicable) Yes ☐ No ☐

Please provide information:

How would you like us to keep in contact with you?

Telephone call ☐ Text message ☐ Email ☐ Post ☐

☐ I consent for Lets-talk to using the personal information provided on this form to assess my needs for access to their services.

☐ I consent for Lets-talk to sharing the relevant personal information detailed on this form with its funders if necessary.

Name:		Signature:	
Form completed by:	Myself Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:	
	On my behalf with permission: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Thankyou

A member of the team will contact you within the next 7 working days

Form received:	Date:	BY:
Completed and contacted client:	Date:	BY:
OUTCOME:	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	Referred elsewhere with permission: Yes <input type="checkbox"/> No <input type="checkbox"/> Details: