|  |
| --- |
| **STRICTLY CONFIDENTIAL** |
| **REFERRAL TO BAME COMMUNITY** **DEVELOPMENT SERVICE (CDW)****Promoting good mental health** through personal development, education and employment |

**Referral contact details** so we can get in touch

|  |  |  |
| --- | --- | --- |
| Full Name |  |  |
| Address |  |  |
| Postcode |  |  |
| Landline |  |  |
| Mobile |  |  |
| Email |  |  |
| Language | If you need a translator, please state language required:  |  |
| Date of Birth |  | Age |  | Gender |  |  |

|  |  |
| --- | --- |
| Please explain why you would like to access our services: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Employment status** | □ Employed | □ Unemployed |

**Who else can we talk to about your referral?** You can change this list at any time, just let us know.

|  |  |  |
| --- | --- | --- |
| Name and Role | Contact Details |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Who is completing this referral?** (You must select one of these options)

□ I am referring myself

□ Referral on behalf of someone else **with their permission**

|  |  |  |
| --- | --- | --- |
| Referrer Name |  |  |
| Contact Address |  |  |
| Telephone |  | Email |  |  |
| Job Role/Relationship to person |  | Organisation |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British** | **Black or Black British** | **Mixed** | **White** |
| □ Bangladeshi | □ African | □ White+Caribbean | □ British |
| □ Indian | □ Caribbean | □ White+African | □ Gypsy |
| □ Pakistani | □ Other (please state):  | □ White+Asian | □ Irish |
| □ Chinese |  | □ Other (please state):  | □ Other (please state): |
| □ Other (please state):  |  |  |  |
| □ Not known, □ Prefer not to say |
| Do you feel you would like additional support because of your cultural or ethnic background? Yes / No |

|  |  |  |
| --- | --- | --- |
| How did you hear about the Community Development Service? |  |  |

Pentreath is the Data Controller for this information and it will be processed under the ‘legitimate interests’ basis to provide the service you are requesting. Your information will be retained after delivery for a limited time to meet auditing and funding purposes. If you have any questions please contact Pentreath.

Once we have received your referral, we will contact you within 2 weeks to arrange an initial appointment.

**Return this form to:** Pentreath Ltd, St Enoder Barns, Narrow Lane, Summercourt, Newquay TR8 5EE or email to pentreath@pentreath.co.uk. You can find additional information on our website www.pentreath.co.uk or contact us on:

01726 862727 or info@pentreath.co.uk

|  |
| --- |
| Pentreath Admin Section **(Office use only)** |
| Date Received:🞏 Post🞏 Email🞏 Other | Approval signature: ……………..Client signposted: Yes 🞏, No 🞏Date of letter: | Client ID: ................... Admin: ....................... Date: ........................... |

****