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| **STRICTLY CONFIDENTIAL** |
| **REFERRAL TO PENTREATH**  **Promoting good mental health**  through personal development, education and employment |

**Please tick one of the below to let us know your goal.** *Pentreath provide support to progress with your goals. If you do not have any of the goals below, we will not be able to accept your referral.*

|  |  |
| --- | --- |
| **□ Employment** | *If you know, tell us what would you like to do?* |
| **□ College/Education/Training** | *If you know, tell us what would you like to do?* |
| **□ Volunteering** | *If you know, tell us what would you like to do?* |

|  |  |
| --- | --- |
| What do you think Pentreath could do to help you move towards your goal? |  |
|  |  |
| Please give a brief summary of your mental health challenges*.* |  |
|  |  |
| Is there anything else you think we should know? *This includes any additional needs.* |  |
|  |  |

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

**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 |  |  |

**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: | □ White+Asian | □ Irish |
| □ Chinese |  | □ Other: | □ Other: |
| □ Other: |  |  |  |
| □ Not known, □ Prefer not to say | | | |
| Do you feel you would like additional support because of your cultural or ethnic background? Yes / No | | | |

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:

1. We will read your referral and make sure we are the right service for you. *If we do not feel we can help you, we will give you some details of other places that might be able to.*
2. We will send you a letter with information about how we can help you, as well as some other information you might find useful. You will get this letter within 4 weeks.

**Return this form to:** Pentreath Ltd, St Enoder Barns, Narrow Lane, Summercourt, Newquay TR8 5EE or email to [referral@pentreath.co.uk](mailto:referral@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](mailto:info@pentreath.co.uk)

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| --- | --- | --- |
| Pentreath Admin Section **(Office use only)** | | |
| Date Received: | Project:  Manager:  Date: | Client ID:  Admin:  Date: |