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| **STRICTLY CONFIDENTIAL** |
| **REFERRAL TO PENTREATH****HELP2WELLBEING****Promoting good mental health** through personal development, education and employment |

**Please complete the questions below to let us know your goal (a goal for this service could be improved mental health, support through crisis, short term support to get you back on track). If you’re not sure of your goals at this time, we would be happy to support you to identify them.**  *Pentreath provide support to progress with your goals.*

|  |  |
| --- | --- |
| What do you think Pentreath could do to help? |  |
|  |  |
| Please give a brief outline below of mental health issues: |  |
|  |  |
| Is there anything else we should know? *This includes any additional needs and information relating to risk.* |  |
|  |  |
|  |  |

Is the person waiting for a mental health service (including from your GP)?[ ] Yes[ ] No

Which service are they waiting for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, how long have they been on the waiting list for a mental health service (including from your GP? \_\_\_\_\_\_\_\_\_\_\_

**Referral contact details for the person you are referring** (so we can get in touch with them)

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

**Is there anyone else involved in the person’s care that they would give us consent to speak to (GP, CPN, Mental health profession etc)?**

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

[ ]  Referral on behalf of someone else **with their permission**

[ ]  Referral on behalf of someone else **(they are not aware of this referral)**

[ ]  I am referring myself

|  |  |  |
| --- | --- | --- |
| 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. You can find additional information on our website www.pentreath.co.uk or contact us on:

01726 862727 or info@pentreath.co.uk

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