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

**Please answer as many questions as you can so we can select the best service for your support. If you feel uncomfortable with a question then skip it and do not worry about it.**

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

|  |  |  |
| --- | --- | --- |
| Full Name |  |  |
| Email |  | Telephone number |  |  |
| Address |  |  |
| Post Code |  |  |
| Language | If you need an interpreter, please state language required:  |  |

We are working towards being a zero net carbon organisation and our preferred method of communication to acknowledge your referral will be via email. If you do not have access to email we will send you a letter confirming receipt of your referral.

|  |  |  |
| --- | --- | --- |
| NHS Number  |  |  |
| Date of Birth |  | Age |  | Gender |  | Preferred Pronouns  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment status: | [ ]  Employed | [ ]  Unemployed |  |
| Education status: | [ ]  In education or Training | [ ]  Not in Education or Training |  |
| Do you have GCSE Maths Level 4/Grade C or above? | [ ]  Yes | [ ]  No |  |

|  |  |
| --- | --- |
| What do you feel Pentreath could help you with? |  |
| [ ]  | **Employment** | [ ]  | **Education** | [ ]  | **Training** |  |
| [ ]  | **Volunteering** | [ ]  | **Social/Recreational Groups** | [ ]  | **Something else** |  |
| *If you know, tell us what would you like to do?* |  |
| Please give a brief summary of your emotional wellbeing and mental health challenges including any clinical diagnosis. |  |
|  |  |
| Is there anything else you think we should know? This includes any additional needs or health conditions we need to be aware of. |  |
|  |  |
| Have you previously accessed Pentreath services? If so, when and what support did you receive? |  |
|  |  |

Please tick the box which best indicates your ethnicity

|  |  |  |  |
| --- | --- | --- | --- |
| **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:  |  |  |  |
| **Other Ethnic Group:** |  |
| [ ]  Not known, [ ]  Prefer not to say |

**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 |  |  |

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 make contact informing you that we have received your referral and how long the waiting list (if any) for the project you have been assigned to. We will do this within 4 weeks.

**Return this form to:** referral@pentreath.co.uk **or post to** Pentreath Ltd, St Enoder Barns, Narrow Lane, Summercourt, Newquay TR8 5EE

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:  Initials:Date: | Client ID: Initials: Date: | Letter sent: Initials: Date: |

February 2024