

Mind in Harrow Referral Form – All Services

To be completed by referrer in consultation with the person referred.

SECTION A

Client Contact & Personal Details						
Full Name					Title	
Address						
				Postcode		
Home phone	Is it ok to leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/>		Mobile	Is it ok to leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Can we text you on your mobile? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of birth			Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

Referrer – Relationship to Client			
Care Coordinator	<input type="checkbox"/>	Lead Professional	<input type="checkbox"/>
Key Worker	<input type="checkbox"/>	GP	
Other, please specify			

Referrer – Contact Details				
Referrer Name				
Agency/ Service				
Address				
			Postcode	
Phone			Fax	

Email	
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Access Needs		
Interpreter needed and which language(s)	Yes / No	
Disability access needs (please specify)		

Other professional contacts (If not referrer and as applicable)			
GP		Phone	
Care Coordinator		Phone	
Lead Professional		Phone	
Psychiatrist		Phone	

Level of Need – Statutory Services					
Care Act eligible	<input type="checkbox"/>	On CPA	<input type="checkbox"/>	Under Mental Health Act section	<input type="checkbox"/>

Personal Budget Process – If applicable			
Client is applying for a Personal Budget	<input type="checkbox"/>	Client has a Personal Budget	<input type="checkbox"/>
Please enclose a copy of the client's Support Plan if intention to purchase our service via a Personal Budget.			<input type="checkbox"/>
Indicative budget amount £ (If applicable)			

Which Mind in Harrow service(s) are you referring to?

Description of person's mental health problem(s)

Client Risk Assessment

High risk

Medium risk

Low risk

Please provide details

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To help us recognise possible crises, please give details (if applicable) of any patterns which have preceded past breakdowns.

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Are there any circumstances which you feel could adversely affect this person's ability to take part in Mind in Harrow activities, eg severe behavioural problems (including violence), drug or alcohol abuse, medical conditions?

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SECTION B: Self-Funder Assessment Form – All Services

Mind in Harrow has a duty to follow safeguarding procedures in accordance with our Safeguarding Vulnerable Adults Policy. Therefore, we request a lead professional to assess the capacity of any client applying to self-fund a Mind in Harrow by completing this form prior to the service being purchased

Please complete this form in consultation with your client.

Mind in Harrow service requested for purchase and price				
Service	Service rate per hour	Total number of service hours	Frequency of invoicing & terms	Total Cost

Assessment of client's capacity to self-fund	
Do you assess that this person understands the financial commitment involved in self-funding this Mind in Harrow service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you assess that this person can afford to self-fund this Mind in Harrow service?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Risk Grading of client's capacity to self-fund					
High risk	<input type="checkbox"/>	Medium risk	<input type="checkbox"/>	Low risk	<input type="checkbox"/>
Please provide details					

SECTION C: TO BE SIGNED BY REFERRER

Referrer signature			
Referrer signed		Date	
Referrer name			

SECTION D: TO BE COMPLETED BY THE PERSON REFERRED

Confidentiality

Mind in Harrow confidentiality statement

By completing this application form you give permission for Mind in Harrow to hold information about you relating to the project(s) you are involved in, and to share information about you with your GP or relevant professional on a 'need to know basis' and immediately in a case of major concern or crisis.

At no time will your personal information be passed to organisations for marketing or sales purposes.

Data Protection

How we process the information you provide

- Mind in Harrow is a Data Controller, which means we are responsible for processing your personal information in electronic or paper formats.
- We will treat your personal information as confidential.
- Your personal details will not be given to anyone else without your prior consent, except where the law allows, and will not be sold to anyone.
- We will keep your electronic and/or paper records for reference in order to provide you with a good quality of service and for audit purposes for as long as legally required. Your record(s) may be used for anonymous statistical reports to funders.
- If your record(s) contain sensitive personal information about you, we will ensure these have the right level of security.
- Please contact us or see our website for details for our Privacy Policy, which can be viewed at <http://www.mindinharrow.org.uk/privacy-statement.asp#> . If you are concerned about the confidentiality of your personal information, please contact us by phone on 020 8426 0929 or email info@mindinharrow.org.uk

Data protection statement.

I consent for Mind in Harrow to hold 'sensitive personal data' (as defined in the Data Protection Act 998) about me to enable a good quality of service to be provided and wish to apply for Mind in Harrow's befriending service.

Charges : I agree to Mind in Harrow invoicing CNWL Foundation Trust / Harrow Council an assessment fee of £150 (using your personal budget).

Client signature			
Client signed		Date	
Client name			

SECTION 3- For referral agent to complete with service user

Name

Please say briefly why you would like to have a befriender:

.....

What kind of person do you think you might get on with?

.....

Do you have a preference for a male or a female befriender? Please say why.

.....

How would you describe your religious and cultural background?

.....

Would you prefer the befriender to come from any particular cultural background?

.....

What language(s) would you like the befriender to speak with you?

.....

What are your interests?

.....
.....

Are there any activities that you would like a befriender to take part in with you?

.....
.....

Would you have any worries or concerns about having a befriender?

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PLEASE NOTE
Although we try our best to find a befriender for everyone on our waiting list, we cannot

Please return to:

Mind in Harrow
First Floor
132 – 134 College Rd
Harrow
Middlesex HA1 1BQ

Tel: 020 8515 7852

m.hegarty@mindinharrow.org.uk