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| NOTE: This is the **clinical referral form** to be completed by general practitioners and secondary mental health professionals wishing to refer clients onto the Pathways to Employment service.Individuals wishing to access employment support should use the **self-referral form** which can be found on our website at: <https://www.thecellartrust.org/what-we-do/how-to-access-our-services/> |

**How to complete and submit the form**

* Please complete this form as accurately and clearly as possible ensuring it is checked thoroughly before submission to avoid possible delays in accessing the service.
* If you have any difficulty completing this form please contact us on **01274 588002** and we will be happy to help you.
* For security reasons, we can only accept referrals via post or email. Please send the completed referral form and any relevant documentation to:

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| Via post: | **Pathways to Employment Team**The Cellar TrustFarfield RoadShipleyBD18 4QP |
| Via email: | referrals@thecellartrust.org |

* When submitting a referral via email please ensure you complete the following:
1. Password protect the document before sending.
2. Send the password in a separate email.

**What happens after you make a referral?**

* Once we receive a referral we will confirm receipt via email or post.
* We operate a waiting list for our Pathways to Employment service and as a result waiting times to access the service can vary.
* You can follow the progress of your referral by contacting:

E: referrals@thecellartrust.org

T: 01274 588002

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| 1. **About the client**
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| **Title:** | **First name:** | **Surname:** |
| **Date of birth:** | NHS Number: |
| **Permanent address:** | National Insurance Number: |
|  | Emergency contact: |
| **Post code:** | Relationship to client: |
| **Phone:** | Emergency contact address: |
| **Mobile:** | Emergency contact post code: |
| **Email:** | Emergency contact phone: |
| **Gender:**  | [ ]  Male  | [ ]  Female [ ]  Transgender Male [ ]  Transgender Female [ ]  Non Binary |
| **Sexuality:** [ ]  Heterosexual [ ]  Bisexual [ ]  Gay [ ]  Lesbian [ ]  Not stated [ ]  Other |
| **Ethnic Origin:** | [ ]  White British | [ ]  White Irish |
| [ ]  Other White | [ ]  Mixed White & Black African | [ ]  Mixed White & Asian |
| [ ]  Mixed White & Black Caribbean | [ ]  Other mixed | [ ]  Asian / Asian British Indian |
| [ ]  Asian / Asian British Pakistani | [ ]  Asian / Asian British Bangladeshi | [ ]  Other Asian |
| [ ]  Black / Black British Caribbean | [ ]  Black / Black British African | [ ]  Any other Black background |
| [ ]  Chinese | [ ]  Any other ethnic background | [ ]  Not stated |
| **Which service are you referring the client to?** |
| [ ]  Pathways to Employment Service (Employment) | For people over 18, who are **out of work** with moderate to severe, and/or enduring mental health problems who want to work towards a specific goal such as education, training, voluntary or paid work. |
| [ ]  Pathways to Employment Service (Work retention)  | For people over 18, who are **in work but on sick leave** who need support to return to work. |
| **Where does the client wish to be seen?** |
| [ ]  Shipley (Farfield Rd, BD18) | [ ]  Bradford city centre | [ ]  Keighley (BD22) | [ ]  Skipton (BD23) |

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| 1. **About the referrer**
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| **Title:** | **First name:** | **Surname:** |
| **Organisation:** | **Job role:** |
| **Address:** | **Phone:** |
|  |  |
| **Post code:** | Date of referral: |
| **Referrer’s email:** |

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| 1. **The clinical team**
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| **GP name:** | **GP surgery:** |
| **Address:** | **Phone:** |
|  | **Email:** |
| **Post code:** |  |

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| 1. **The clinical team (continued)**
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| **Psychiatrist/Care Coordinator name:** |
| **Address:** | **Phone:** |
|  | **Email:** |
| **Post code:** |  |

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| 1. **Relevant background information**
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| **Mental Health diagnosis:** |
| **Summary of the impact this is having on their life:** |
| **Does the client have any other health problems/disabilities and how might these impact on their ability to engage with our service? Are any reasonable adjustments needed?** |
| **Are these other health problems/disabilities secondary to their mental health problem?** | [ ]  Yes | [ ]  No |
| **If no, please give details:** |
| **Has the client used our Pathways to Employment service before?** *(including work retention service)* | [ ]  Yes | [ ]  No |
| **If yes, when was this and what has changed since the client last attended?** |
| **Which of the following benefits does the client receive?** |
| [ ]  Job Seekers Allowance  | [ ]  Personal Independence Payment | [ ]  Universal Credit |
| [ ]  ESA (Support group)  |  [ ]  ESA (Work related group)  | [ ]  Disability Living Allowance  | [ ]  Income Support |
| **Does this person need to be seen by two workers?**   | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |
| **Does this person need to be seen by a specific gender of staff?** | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |
| **Are there any other support factors which we need to consider?** | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |

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| 1. **Risk assessment**
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| **Date of assessment:** | **Completed by:** |
| **Is the client on CPA?** | [ ]  Yes | [ ]  No |
| **If yes, have you attached the CPA?** | [ ]  Yes | [ ]  No |

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| **Harm to self** | Current (in the last 6 months) | Historical (ever) |
| Act with suicidal intent | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Self harm | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Suicidal ideation | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |
| **Harm to others** | Current (in the last 6 months) | Historical (ever) |
| Sexual exploitation/assault | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Violence/aggression (any) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Risk to children (including Schedule 1) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Exploitation (financial/other) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Stalking | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Risk to vulnerable adults | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |
| **Harm from others** | Current (in the last 6 months) | Historical (ever) |
| Exploitation/abuse (sexual/financial) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Emotional/psychological abuse | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Violence/aggression | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Risks of medication/treatment | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |
| **Accidents** | Current (in the last 6 months) | Historical (ever) |
| Accidents in the home | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Misuse of medication | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Accidents outside the home | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Driving/road safety | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |

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| **Other risks** | Current (in the last 6 months) | Historical (ever) |
| Police involvement (any) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Inappropriate contact (calls/visits) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| MAPPA | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Sex offender | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| TILT high risk | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Probation service involvement | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Damage to property/theft | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| CTO | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |
| **Factors affecting risk** | Current (in the last 6 months) | Historical (ever) |
| Substance misuse (alcohol/drugs) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Risk of losing essential services | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Major Life Event | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Current Mental State | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Ability to summon help | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Refusal/Disengagement of services | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Discontinuation of medication | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Client unaware of risk (to self/others) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| **If yes, please give details:** |