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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 Trust Farfield Road Shipley BD18 4QP |
| Via email: | [referrals@thecellartrust.org](mailto: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](mailto:referrals@thecellartrust.org)

T: 01274 588002

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

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

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

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| 1. **Relevant background information** | | | | | |
| **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** | | | |
| **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:** | | | | |