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| NOTE: This is the **self-referral form** for the Pathways to Employment service, to be completed by individuals wishing to access employment support.  Referrals from general practitioners and secondary mental health professionals should use the **clinical 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 Unit 12, Park View Court St Paul’s Road Shipley, West Yorkshire BD18 3DZ |
| 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.
* 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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| **How we use your data** |
| *In order for us to support you we need to record some of your personal details which may also contain sensitive information. We process your personal data in line with the General Data Protection Regulation (GDPR) and you are able to withdraw your consent to us holding your data at any time (unless there is a legal reason for us keeping it). More details can be found in our Privacy Policy and Client Privacy Notice – available from a member of staff or on our website:* [*www.thecellartrust.org/privacy/*](http://www.thecellartrust.org/privacy/) |

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| 1. **Personal Information** | | | | | | |
| **First name:** | | | | | **Surname:** | |
| **Date of birth:** | | | | | National Insurance Number: | |
| **Permanent address:** | | | | |  | |
|  | | | | | 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  Other | | | | |
| **Sexuality:**  Heterosexual or straight  Bisexual  Gay  Lesbian  Asexual  Pansexual  Other  Not stated | | | | | | |
| **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 |
| **Religion:**  Christian  Catholic  Buddhist  Hindu  Jewish  Muslim  No religion  Sikh  Other  Prefer not to say | | | | | | |
| **Language:** What is your main/preferred language? (*Please state*) | | | | | | |
| **Are you a Carer?** (not including dependent children)  Yes  No | | | | | | |
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| **Which service are you referring yourself for?** | | | | | | |
| Pathways to Employment | | | For people aged 16 and over, who are **unemployed and 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 employment. | | | |
| Work retention | | | For people aged 16 and over, who are currently **employed** **but on sick leave** who need support to return to their place of work, or are **at the risk of being off sick.** | | | |
| **Which location/area would you prefer to be seen?** | | | | | | |
| Shipley  Bradford City Centre  Keighley (BD22)  Skipton (BD23) | | | | | | |

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| 1. **Doctors Details** | |
| **GP name:** | **GP surgery:** |
| **Address:** | **Phone:** |
| **Post code:** | **Email:** |

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| 1. **Mental Health Support & Information** | |
| **Do you have a Mental Health diagnosis?**  *If yes, please provide details including when you received the diagnosis.  If you don’t have an official diagnosis, please just give details of your mental health.* | |
| **Please briefly summarise the impact your mental health has on your day-to-day life.**  *e.g. stops you from attending appointments.* | |
| **Are you currently accessing support from any primary or community mental health services?**  Yes  No  *If yes, please provide details.*  *If you are under the care of a Psychiatrist/Care Coordinator, please provide details below.* | |
| **Psychiatrist/Care Coordinator name:** | |
| **Address:** | **Phone:** |
| **Post code:** | **Email:** |

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| 1. **Background Information** |
| **Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?**  Yes  No  **If yes, do any of your conditions or illnesses reduce/limit your ability to carry out day-to-day activities?**  Yes – limited a lot  Yes – limited a little  No  Prefer not to say |
| **If you have any physical health conditions/illnesses, are they secondary to your mental health conditions?**  *If no, please provide details*  Yes  No |
| **How might your physical or mental health conditions affect your ability to engage with our service?**  *Are any reasonable adjustments needed?* |

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| **Where did you hear about our service?** | |  |  |
| **Have you used our Pathways to Employment/Work Retention service before?**   Yes  No  *If yes, when was this and what has changed since you last attended?* | | | |
| **Do you currently receive any of the following benefits?**   Yes  No  *Please mark all that apply* | | | |
| **JSA** Job Seekers Allowance  **ESA** Employment Support Allowance  (Work related group)  **ESA** Employment Support Allowance  (Support group)  **PIP** Personal Independence Payment | **UC** Universal Credit  **DLA** Disability Living Allowance  **IS** Income Support  Any other – *please state below*  … | | |
| **Are there any other factors which we need to consider in order to support you?**   Yes  No  *If yes, please give details* | | | |

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| **Declaration** | |
| *I confirm that the information provided within this form is correct to the best of my knowledge and understand that any issues that may arise relating to the accuracy of the information I have provided could result in a possible delay to the processing of my referral.*  *I am happy for my personal data to be processed in line with the General Data Protection Regulation (GDPR) – See bottom of page 1 of this form - ‘How we use your data’* | |
| Print Name: | |
| Signed: | Date: |