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| **Who is making this referral?** |
| Self-referral ☐ Referred by someone else ☐ Have you visited Oakleaf in the last 3 months? Yes ☐ No ☐  |
| Where did you hear about Oakleaf? | Referrers name:      What organisation they work for:      Their work address:Their contact number:  |

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| --- |
| **Personal information**  |
| Name:       | Date of Birth:  |
| Address:       |
| Email:       |
| Contact number/s:      |
| If supported name of consultant/CPN/support worker:       | Support workers contact telephone number:      Can the support worker be contacted directly if necessary? YES ☐ NO ☐ |
| Have you ever been convicted or found guilty by a Court of any offence (Excluding motoring offences and parking fines)YES ☐ NO ☐ If yes, please attach an up-to-date risk assessment. |
| **GDPR STATEMENT:**Oakleaf Enterprise are the Data Controller of the information you have provided. Due to the nature of our work with you, we are required to collect personal data about you which will include special categories of personal information This information will only be collected from you and used by us to assist you, it will not be shared with third parties unless the law allows. We have a data protection regime in place to oversee the effective and secure processing of your data, we will hold your information for 6 years unless you instruct us to delete it once the relationship has ended. We would like to be able to send you information and /or reminders about activities and appointments by post, telephone email and/or SMS. If you agree to being contacted in this way please sign below.Signed:-------------------------------- Date------------------------------(MUST be signed by individual being referred to Oakleaf)**PLEASE TURN OVER TO COMPLETE THE REST OF THE FORM** |

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| **Mental health information** Please give us as much information as you can regarding the client’s mental health conditions and how they affect them  |
| Current mental health information:       |
| Past mental health information: |
| **Reason for referral** What would the client like to do at Oakleaf and why? |
| Please specify which activity/activities the client is interested in:**Vocational Training** Upholstery ☐ IT ☐ Garden Maintenance ☐  |
| **Wellbeing Activities** (see calendars for activities) ☐**Please circle the area(s) in which you would like to join activities:**Guildford Town Centre North Guildford Waverley  |
| **Counselling** ☐ |
| **Employment Project** ☐ (please circle preferred topic)Health and Social Care IT Skills Hospitality and Catering Employability  |
| What would the client like to change or achieve by attending Oakleaf? 1.2.3.  |
| **Current social situation**  |
| Do you/the client currently receive support from other services? Please specify.What is your/the client’s current living situation? Do you/client have any issues with drugs or alcohol? If so, please specify |
| Signed:       Date:       Print name:      **Please return this form to:****Client Services Department, Oakleaf Enterprise, 101 Walnut Tree Close, Guildford, Surrey, GU1 4UQ**michellewalker@oakleaf-enterprise.org**| Tel: 01483 303649**  |

**Equality and Diversity Data**

We would like you to complete this form in order to help us understand who we are reaching and to better serve everyone in our community. The information will be used to provide an overall profile analysis of our client base. If you would like the form in an alternative format or would like help in completing the form, please contact a member of staff. All information will be kept in line with GDPR regulations and you are under no obligation to complete this part of the Referral Form.

**Ethnicity** *Please circle*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| English | Welsh | Scottish | Northern Irish | Irish | Gypsy/Irish Traveller |
| White and Black Caribbean  | White and Asian  | Any other Mixed/Multiple Background | Any other white background | African | Caribbean |
| Any other Black/African Caribbean background. |  Pakistani  | Indian | Bangladeshi | Chinese | Any other Asian Background |
| White and black African | Arab | Any other background | Rather not say |  |  |

**Religion** *Please circle*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bhuddist | Christian  | Hindu | Jewish  | Muslim | Sikh  |
| Other | None | Rather not say  |  |  |  |

**Disability** *Please circle*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Physical Disability  | Visual Impairment  | Hearing Impairment | Dual Sensory Loss | Learning disability  | Autism Spectrum |
| No impairment |  |  |  |  |  |

**Gender** *Please circle*

|  |  |  |  |
| --- | --- | --- | --- |
| Male | Female | Trans M to F | Trans F to M |
| Non Binary | Other | Rather not say  |  |

**Sexual Orientation** *Please circle*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heterosexual (Straight) | Bisexual  | Gay Man | Gay Woman/Lesbian  | Prefer not to say |