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| **1:1 Peer Support**  **Peer Support Specialists will work with you for up to 6-8 sessions to help you identify strategies and tools to enable you to manage your mental health and well-being. Support is person centred, working together on goals and actions that promote recovery and prevent crisis.** | | | | |
| **Personal and Contact Details** | | | | |
| **Name** |  | | **SHA No.** (office use only) | |
| **Address** | Postcode: | | | |
| **Telephone** | Home:  Can we leave a message?  Yes  No | Mobile  Can we leave a message?  Yes  No | | |
| **Email address** |  | **Date of Birth** | |  |
| **Preferred method of contact (please tick)** | Letter  Email  Phone call Text | | | |
| **Emergency Contact**  *(we will only contact them if we have any immediate concerns about your health, safety/welfare)* | Name:  Number:  What is their relationship to you? | | | |
| **GP Name, address &**  **telephone number** |  | | | |
| **What specifically do you feel you need support with as this time?** | | | | |
| Creating a positive routine  Managing stress/anxiety  Managing unhelpful thinking  Maintaining positive health and well-being  Loneliness  Motivation  Community Support  Low Mood  Other  Please state: | | | | |

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| **Additional Information** |
| From the list above, which specific goal would you like to focus on with a Peer Specialist?  What would achievement of this goal look like/feel like? |
| **Do you have a mental health diagnosis?**  Yes  No  If yes, please provide details: |
| **Do you have any specific communication needs?**  Yes  No  If yes, please provide details |
| **Do you currently have support for your Mental Health?**  (This can include support from; G.P, Access Team, Recovery Team, and Assertive Outreach Team and support from other Mental Health services/ agencies).  Yes  No  **If yes,** please state the service/s you are receiving support from along with their contact details (if we have concerns about your welfare we may need to contact them): |
| **Are you currently accessing support from another service within Southdown?** E.g. Work in Mind, Community Connectors, Wellbeing Centres, Home Works, Employment Service?  Yes  No  **If YES,** please provide details including the name of the service and the member of staff you are working with. |
| **Data Processing Statement** |
| **Southdown Housing Association**  **Data Processing Statement**  Please completed the referral form by reading the information on this next page and signing. If you are referring some**one, please also complete the Third Party Referrer section as well.**  **Financial Information:** Southdown staff are only able to provide general information and support in relation to welfare benefits and financial budgeting, Staff are not welfare benefits specialists nor financial advisors and do not accept any responsibility for the outcome of any decisions clients make based on support or information provided.  Where staff assist clients to complete any forms or claims, the client is responsible for the accuracy of information provided. Any outcomes made by the Department of Work and Pensions are not Southdown’s responsibility.  **Data Processing Statement**  Any personal information you share with Southdown will be kept secure and used in line with the General Data Protection Regulation (GDPR).  It will only be looked at and used to help make sure we give you an effective service. This may include sharing the information across different Southdown services (please ask if you would like more information about the Southdown services we may share your information with) where this is necessary to ensure we give you the best possible support.  If you are a Southdown tenant in a property owned by another landlord, we may also share your information with that landlord where it is required to facilitate a change of responsibilities from Southdown to them.  We may share the information with other support agencies if this would help you access other services or if we are concerned about you or someone else.  **We understand that you may not want certain information about you shared with some people. This can make it difficult for us to give you all the support you need, so if you do not want information about you shared with another service or person, your worker will talk to you about how this might affect you.**  **We can share your information even if you have asked us not to if we are concerned about your safety or the safety of others, or where we are required to by law. We will try to discuss this with you before we share your information.**  Remember you can discuss, withdraw, change or review your consent for Southdown to process your personal information at any time. You can also ask us to delete any information we hold about you. This will also be reviewed at your regular support plan review sessions with your support worker. If there are legal reasons why Southdown needs to retain your information we will talk to you about this to ensure that you are making informed decisions about how this might affect you. You can also ask to see the information Southdown holds about you.  If you are unhappy with the way Southdown uses your information please speak to us and we will do everything possible to address your concerns. If you are still unhappy you have the right to make a complaint to the Information Commissioner’s Office (ICO). More information about this is available on the ICO website at <https://ico.org.uk/for-the-public/>  More information about how Southdown stores and uses your data is available as a leaflet or on our website [www.southdown.org](http://www.southdown.org)  **Please sign below to confirm that you understand how Southdown will use and process your information as outlined above.**  **Please type/tick below to confirm that you understand how Southdown will use and process your information as outlined above**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_ / \_\_ / \_\_** |

**Data Processing Statement – Information Sharing**

Southdown understands the importance of respecting the information you share with us. When you are referred to Southdown, we stay in touch with the other people and services that support you to make sure we work well together. This helps our support fit in with the other support you get, so you get the best service from everyone.

We also receive and share updates at professional meetings, which are set up to make sure people working in community safety, housing, health, social care and probation are making plans together about how to support their clients and the community. If we refer you onto another service we will need to tell them about your support issues.

We understand that you might not want certain information about you shared with some people. This can make it difficult for us to give you full support, so if you do not want information about you shared with another professional, your worker will talk to you about how this might affect you.

**If there are still people you do not want to give consent to sharing your information with please state below what you do not want shared and who you do not want it shared with:**

|  |  |
| --- | --- |
| **Information** | **Agency/person not to be informed** |
|  |  |
|  |  |
|  |  |

**I confirm that I do not want my information shared as above and understand this may restrict the services I receive from Southdown. (***Delete if not applicable***)**

**I acknowledge that in exceptional circumstances, when someone may be harmed or when the law requires it, staff may contact agencies or individuals without my consent.**

**Signed: Print Name:**

**Date:**

**Southdown Housing Association has an Equal Opportunities Policy. It wants to ensure that no one is treated less favourably than anyone else because of his or her ethnic origin, sex, sexual orientation, religion or disability. In order that the implementation of the policy can be assessed, please complete the information below.**

**This information will be treated in the strictest confidence and will be used for monitoring purposes only**

**Please tick appropriate boxes:**

1. **Are you** Female  Male  Intersex  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do not wish to disclose

2. **Do you consider yourself to be transgender:** Yes  No  Do not wish to disclose

1. **Your age**:\_\_\_\_\_\_\_\_\_\_\_\_\_(optional)

4. **How would you describe your ethnic origin**? (Tick one only)

White British Irish Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mixed White & Black Caribbean White & Black African

White & Asian Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian or Asian British Indian Pakistani Bangladeshi Other \_\_\_\_\_\_\_\_\_\_\_\_

Black or Black British Caribbean African Other \_\_\_\_\_\_\_\_\_\_\_\_

Chinese or other Ethnic group Chinese  Other \_\_\_\_\_\_\_\_

Gypsy/Romany Irish Traveller Do not wish to disclose

**5.Sexual Orientation:**  Heterosexual Gay/Lesbian Bi-sexual

Other \_\_\_\_\_\_\_\_\_\_\_\_ Do not wish to disclose

6. Do you consider yourself to have a disability? Yes  No

**7. How would you describe your religion?** (Tick one only)

Buddhist Christian Jewish Muslim  Hindu

Sikh Other Religion Do not wish to disclose  None  Don’t know

**8. Are you a Carer?** Yes  No

|  |  |  |
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| **Third Party Referrer**  **If you are referring someone please provide the following information** | | |
| **Name:** |  | **Please tick to confirm that you person being the referrer have been given the consent by the referred and they are aware of this referral.** |
| **Organisation:** |  | |
| **Phone number:** | | **Email address:** |
| **Reason for referral:** |  | |
| **Please list any current risk or safety factors which might need to be taken into account when supporting this client.** |  | |
| **Are there any concerns around substance misuse?** |  | |
| **Please note we may contact you to gather additional information to enable us to support your client or signpost to other services.** | | |

**Please return the completed form to the Peer Support Service at:** [**PeerServiceESussex@southdown.org**](mailto:PeerServiceESussex@southdown.org)

**Next Step.** Once we receive your referral form the Peer Service Coordinator will contact you/the person you have referred to explain more about the services we can offer and talk about the support you feel you/they need.

If you have any questions about the Peer Support Service, or your referral, please do not hesitate to contact the Peer Support Service at [**PeerServiceESussex@southdown.org**](mailto:PeerServiceESussex@southdown.org)or by calling the Peer Service Manager on 07772 613945