|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal and Contact Details** | | | | | | | | | |
| Full Name |  | | | | | | Date of Birth | |  |
| Current address | Postcode: | | | | | | | | |
| Telephone:  Can we leave a message? Yes  No | | | | | | Mobile:  Can we leave a message? Yes  No | | | |
| Email address |  | | | | | | | | |
| Preferred method of contact *(please tick)* | Letter  Phone Call  Email  Text  Video chat | | | | | | | | |
| **Contact methods we cannot use** to contact you? | Letter  Phone Call  Email  Text  Video chat | | | | | | | | |
| Is there a preferable time to contact you? | If YES, please provide details… | | | | | | | | |
| **Supportive Information** | | | | | | | | | |
| **Do we need to be mindful of any communication support needs?** | | | | Yes  No  If YES, please provide details | | | | | |
| **Will you require an interpreter or signer?** | | | | Yes  No  If YES, what language/signer will you require support in? | | | | | |
| **Will you require wheelchair access?**  Yes  No  Please tell us if you need any other support or have any other access needs to use the service | | | | | | | | | |
| **Are you a Carer?**  Yes  No  If YES, please provide details | | | | | | | | | |
| **Emergency Contact Information**  *We will only contact them if we have any immediate concerns about your health, safety/welfare* | | | | | | | | | |
| **Emergency contact Full name:** | | | | | | | | | |
| **Relationship to you:** | | | | | | | | | |
| **Contact number:** | | | | | | | | | |
| **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:** | | | | | | | | | |
| **Are you**  Female Male non-binary Do not wish to disclose | | | | | | | | | |
| **Do you consider yourself to be transgender?**  Yes No  Do not wish to disclose | | | | | | | | | |
| **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** | | | | | | | | | |
| **How would you describe your sexual orientation?**  Bi-sexual Heterosexual Gay/Lesbian Unsure Do not wish to disclose | | | | | | | | | |
| **How would you describe your religion?** ***(Tick one only)***   Buddhist  Christian  Jewish  Muslim  Hindu Sikh Other Religion  None/ Atheist Do not wish to disclose  Don’t know | | | | | | | | | |
| **Do you consider yourself to have a disability?**  Yes No | | | | | | | | | |
| **About you**  The following questions will enable us to support you with your mental health and recovery | | | | | | | | | |
| **Please describe your Mental Health and Wellbeing currently….** | | | | | | | | | |
| **Do you have a mental health diagnosis?**  Yes No  If yes, please provide details: | | | | | | | | | |
| **Thinking about your support needs, please list what support/goals you are wanting to work on with our service…**  Examples: learning new coping strategies to manage anxiety, managing unhelpful thinking, creating routine & making connections | | | | | | | | | |
| **First** | |  | | | | | | | |
| **Second** | |  | | | | | | | |
| **Third** | |  | | | | | | | |
| **Our Wellbeing Centres provide a range of community-based mental health and wellbeing support to enable you to get well, stay well and prevent crisis using the below types of support, please tick which you are interested in**  1 to 1 Support – Face to face / Phone / Video Call Up to 10 coaching sessions enabling you to identify goals and overcome challenges that will help you move forward in your recovery and maintain positive health and well-being.  Group Support – Face to face We offer a wide variety of person-centred groups that are offered within our Centres and in on occasion outdoors.  Group Support – Online We offer a wide variety of person-centred groups that are offered online platforms such as Zoom/Teams. | | | | | | | | | |
| **Who is supporting you…** | | | | | | | | | |
| **Do you have support for your mental health?**  Yes No | | | | | | | | | |
| **Organisation/Relationship** | | | **Full Name** | | **Contact Number** | | | **Email/ Address** | |
| **GP:** | | |  | |  | | |  | |
| **Mental Health Worker:**  (i.e. Lead Practitioner) | | |  | |  | | |  | |
| **Psychiatrist:** | | |  | |  | | |  | |
| **Other:** | | |  | |  | | |  | |
| **Other:** | | |  | |  | | |  | |
| **Do you have/use any other Southdown services?** No Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E.g. Work in Mind, Community Connectors, Peers Support Service, Employment Service? | | | | | | | | | |
| **Where did you hear about the service?** | | | | | | | | | |
| **Service Engagement** | | | | | | | | | |
| In order to get the most out of the service, attending your agreed sessions and communicating with your Key Worker at the Centre is important. If you are struggling to attend your agreed sessions and / or participate in our timetable please let us know, so we can work together to explore potential solutions and non-judgmentally support you in improving your circumstances.  To become a member of the service, we require you to attend an assessment with us. This enables us to better understand your situation, needs and gives you a chance to ask us any questions. We will make contact to book in an assessment as soon as possible, but should we not see engagement at the assessment, we will close the referral after two appointment offers.  Once a member of the service, we will make every effort to maintain contact with you (post / phone / text / email), but if after three months we have not heard back from you, we will class you ‘dormant’ and that you no longer needing the service at this present time. This means should you need our support again in the future, you can just contact us by calling or emailing your local centre to enquire how you can be an ‘active’ client again.  Our opening hours for enquires are Monday – Friday; 10am – 3pm (excluding Bank Holidays) | | | | | | | | | |

**Please complete the referral form by reading the information on this & the next page and signing.**

**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.**

|  |  |
| --- | --- |
| **Referral Full Name:** |  |
| **Referral Signature:** |  |
| **Date signed:** |  |

If you have any questions about the Community Network, or your referral, please do not hesitate to contact your local Wellbeing Centre on the contact details listed below.

**If you are referring someone, please also complete the Third-Party Referrer section.**

|  |  |
| --- | --- |
| **Third Party Referrer  If you are referring someone, please also provide the following information…** | |
| **Please tick to confirm that you (referrer) have been given the consent by the referred and they are aware of this referral**. | |
| **Referrer’s Name:** |  |
| **Referrer’s Service:** |  |
| **Referrer’s phone number:** |  |
| **Referrer’s Email address:** |  |
| Please list any current risk or safety factors which might need to be considered including risks to self, others, the community & from the community…( please include dates where possible) |  |
| 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 this Referral Form to your local Wellbeing Centre:**

|  |
| --- |
| **Hastings/ St Leonard’s Wellbeing Centre:**  Carisbrooke House, Stockleigh Road, St Leonards-on -Sea, East Sussex, TN38 0JP  Phone: 01424 435472 Email: [hastingsandstleonardswellbeingcentre@southdown.org](mailto:HastingsAndStLeonardsWellbeingCentre@southdown.org) |
| **Bexhill Wellbeing Centre:**  73a London Road, Bexhill on sea, East Sussex, TN39 3LB  Phone: 01424 215548 Email: [bexhillwellbeingcentre@southdown.org](mailto:BexhillWellbeingCentre@Southdown.org) |
| **Eastbourne Wellbeing Centre:**  8 Saffrons Road, Eastbourne, East Sussex, BN21 1DG  Phone: 01323 405330 Email: [eastbournewellbeingcentre@southdown.org](mailto:EastbourneWellbeingCentre@southdown.org) |
| **Lewes Wellbeing Centre:**  47A Western Road, Lewes, East Sussex, BN7 1RL  Phone: 01273 472453 Email: [leweswellbeingcentre@southdown.org](mailto:LewesWellbeingCentre@southdown.org) |
| **Newhaven Wellbeing Centre:**  Summerhayes, Marshall Lane, Newhaven, East Sussex, BN9 9RB  Phone: 01273 517641 / 01273 516342 Email: [newhavenwellbeingcentre@southdown.org](mailto:NewhavenWellbeingCentre@southdown.org) |
| **Hailsham Wellbeing Centre:**  Southdown, Prospects House, 7-9 George Street, Hailsham, BN27 1AD  Phone: 01323 442706 Email: [hailshamwellbeingcentre@southdown.org](mailto:HailshamWellbeingCentre@southdown.org) |
| **Uckfield Wellbeing Centre / Crowborough Outreach Service:**  Bellbrook Centre, Bell Lane, Uckfield, East Sussex, TN22 1QL  Phone: 01825 760684 Email: [uckfieldwellbeingcentre@southdown.org](mailto:UckfieldWellbeingCentre@southdown.org) |