

**Self- Referral** to Southdown’s Work & Wellbeing

(East Sussex) Supported Employment Service

**Please state the type of Employment Support required** (Please tick appropriate)

Paid Employment [ ]  Job Retention support / In Work Support [ ]

|  |
| --- |
|  Applicant Details |
| **Full name** |  |
| **Gender** |  |
|  **Date of birth** |  |
| **Email address** |  |
| **Home Address** |  |
| **Postcode** |  |
| **Home Tel Number** |  |
| **Mobile Number** |  |
| **Emergency Contact** (Name, Tel. No.) |  |
| **Do you receive any other support from Southdown?** (If yes; what support do you receive? Name of worker, contact number) | Yes [ ]  No [ ]   |
| **How did you hear about the East Sussex Employment Service?** |
| **Will you require any adjustments to access our service** (e.g. translator, wheelchair access, travel difficulties) |

|  |
| --- |
| Current Circumstances |
| **What is your current employment situation?** [ ]  Beneficiary [ ]  Student[ ]  Employed for Wages/Salary [ ]  Unemployed[ ]  On Medical Leave [ ]  Volunteering[ ]  Retired [ ]  Other[ ]  Self-employed [ ]  Under Job Offer and Waiting for a Start Date**If you are in receipt of Welfare benefits and are happy to share this with us, please provide information below:** |
| **Please provide a summary of your Employment goals/ aspirations** (Please include items such as preferred hours, type of work sector, and timeframe for achievement) |

|  |
| --- |
| Health |
| **Please select one of the following options, which is most relevant to your current situation, in terms of support:**Currently receiving support from Sussex Partnership NHS Foundation Trust Mental Health Services [ ]  Not currently receiving support from the above Mental Health services, but have received this support previously within the last 2 years [ ]   Currently receiving support from the Adult Social Care Team [ ]  Not currently receiving support from the Adult Social Care Team, but have received this support within the last 2 years [ ]  Not receiving support from any of the above services, but are receiving support from your GP for mental health concerns such as anxiety and/or depression [ ]  Are not receiving support from any of the above services [ ]  **If you are involved with any of the above services, please provide further information on the service below:**  |
| **Name of service (including GP Surgery)** |  |
| **Contact Number** |  |
| **Do you have a Care Coordinator**  |  |
| **Name of contact who deals with your care**  |  |
| **Do you have a CPA** (Care Programme Approach) | Yes [ ]  No [ ]  |
| **Please describe your current health and wellbeing** (physical and mental health including any diagnosis)*(Please continue over the page)* |
| **Please describe how your mental health has impacted on achieving your employment goals and what support you feel you may need from our Employment Service.** |
| **Do you consider yourself to have any of the following conditions? (please tick all that apply):**[ ]  Alzheimer’s disease or dementia [ ]  Epilepsy[ ]  Angina or long-term heart problem [ ]  High Blood Pressure[ ]  Arthritis or long-term joint problem [ ]  Kidney or liver disease[ ]  Asthma or long-term chest problem [ ]  Learning Disability[ ]  Blindness or severe visual impairment [ ]  Long-term back condition[ ]  Cancer in the last five years [ ]  Long-term mental health condition[ ]  Deafness or severe hearing impairment [ ]  Long-term neurological condition[ ]  Diabetes [ ]  I would prefer not to say[ ]  Another long term condition (please explain below:)**Thank you for providing this information, this will help Southdown and its’ Commissioners in the development of our services.** |

**Southdown Housing Association**

**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.

Some information may be shared with other support agencies to help you access further services and make sure the services you get are right for you. We can share your information without your permission if we are concerned about your safety or the safety of others, or where we are required to by law.

You can withdraw or change your agreement for Southdown to hold or process your personal information at any time. You can also ask to see the information Southdown holds about you.

More information about how Southdown stores and uses your data is available on our website [www.Southdown.org](http://www.Southdown.org) or we can send you a leaflet if you would prefer.

**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.

**Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***If client has been unable to complete and sign this form in person:***

**The client has consented to the referral being made** [ ]  **Yes** [ ]  **No**

**The client has had the data protection statement read out in full and understands the implications**

[ ]  **Yes** [ ]  **No**

**Please return this form to:**

**Sam Ewing, Employment Services, Prospects House, 7/9 George Street, Hailsham,**

**East Sussex, BN27 1AD**

**Email: sam.ewing@southdown.org**

**FOR OFFICE USE ONLY**

Date Referral Form Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Referral Form Processed by Contract Manager \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Risk Assessment Check

 If risks have been identified, are there any actions you need to take in preparation for the initial meeting to safeguard staff and others?

|  |
| --- |
|  |

If the application is to proceed to allocation;

Name of allocated Employment Specialist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Outcome of referral -** (Please circle as appropriate)

*If unsure - Decision can be deferred and made in consultation with Team Manager \**

[ ]  Proceed to Initial Assessment

[ ]  Waiting list

[ ]  Closed at referral

Reason closed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signposted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Specialist Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_