



# Referral Form

## Personal Information

Title:	Gender:
First Name:	Ethnicity:
Surname:	DoB:
Address:	NI Number:
	Mobile:
Postcode:	Email:

**Your Aim (s)** please tick all that apply

Improved mental health	<input type="checkbox"/>	New skills	<input type="checkbox"/>
Improved confidence	<input type="checkbox"/>	Get outside more	<input type="checkbox"/>
Improved self-belief	<input type="checkbox"/>	Be happier	<input type="checkbox"/>
Improved physical health	<input type="checkbox"/>	New friends	<input type="checkbox"/>

## Your current occupational activities:

Please describe how you spend your time now: ie work, any volunteering, education etc

## Do you currently work?

Please tick one

Yes  No

## If you are unemployed, how long have you been not been working?

Please tick one

Less than 6 months  6 – 12 months  1 – 3 years   
 Over 5 years  Never worked

## Qualifications

Have you achieved any qualifications? Yes  No

If yes, what is the highest level of qualification you have received?

**Health Information**

Approximately when did you first experience your own concerns about your wellbeing or first experience mental health struggles?

Do you have a health professional or social worker involved in your care and recovery?

Yes  No

Please provide a summary of your current mental or physical health struggles and concerns. If you have a diagnosis and/or are currently on any medication as part of your treatment plan, please provide details of these too:

Do you have any other needs or difficulties: *Please tick all that apply.*

Learning Difficulty	Sensory Disability
Physical Disability	Autistic Spectrum Disorder
Drug or alcohol concern	Other – please describe

**Referrer Information:**

Referrer name:	Address:
Referrer job title:	
Work tel:	
Mobile:	Postcode:
Email:	GP Practice name:
	Surgery tel no.

**Any further information you wish to tell us:**

In accordance with the Data Protection Act of 1998, all information provided on this referral form and in any other dealings with Life at No.27 will be treated as confidential and will not be disclosed to any third party outside of Life at No.27 without express consent from the client. The only exemption to this would be if there is a safeguarding concern that I have to raise.

Signed Client .....	Date:
Signed Referrer .....	Date:

*Office Use only: Date Referral Received:*

*Date of initial meeting:*

*Please scan and email the completed form to [enquiries@lifeatno27.com](mailto:enquiries@lifeatno27.com)*



Life at No.27 is committed to achieving equal opportunities in the services it provides. No member of Life at No.27 should receive less favourable treatment because of: sex, colour, ethnic origin, age, race, disability, religion, sexual orientation, marital status, or any other criterion not relevant to the point of issue. In order to ensure the continued development of our Equal Opportunities, all applicants are asked to complete the details required below. The information will be used solely for monitoring purposes and will be treated as confidential.

Please tick as appropriate:

<b>1. White</b>	<b>2. Mixed</b>
a) British	a) White and Black Caribbean
b) Irish	b) White & Black African
c) Any other white background	c) Any other mixed background
Please specify	Please specify
<b>3. Asian or British Asian</b>	<b>4. Black or Black British</b>
a) Indian	a) Caribbean
b) Pakistani	b) African
c) Bangladeshi	c) Any other background
d) Any other Asian background	
Please specify	
<b>5. Chinese or any other ethnic group</b>	
a) Chinese	
b) Other (Please specify)	
Accommodation Type: House Owner/Tenant/Supported Housing/Sheltered Accommodation	
Are you a carer for anyone: Yes or No?	
My religion: Church of England/Roman Catholic/Muslim/Hindu/Other/None	
I am employed/unemployed/registered disabled/retired/sick leave	
My gender is: female/male/transgender/prefer not to say	
I consider myself to be heterosexual/homosexual/lesbian/bisexual/prefer not to say	
I am single/married/divorced/widowed/prefer not to say	



## **Life at No.27 Referral Eligibility Criteria**

1. Referrals have a recognised early-stage mental or physical health support need. Such as a mental health diagnosis within Care Clusters 0 – 3. This may involve contact with the established health services.
2. Adult 18-65 yrs
3. Northamptonshire resident
4. Places are offered for periods of up to 12 months with quarterly reviews. Following the placement, referrals should be ready to either be signed off, otherwise referred for more in-depth 1-2-1 social therapy.
5. Part of our assessment process is to assess risk. Due to the level of independence required it is unlikely that we will offer places to individuals who present a risk to their own or others safety.
6. Service-user has individual recovery goals and motivation to participate.
7. Service-user has ability to engage with recovery programme which includes participating in reviews, goal-setting, occupational activity and social interaction.
8. Individuals are expected to visit their allocated space on the site at least once a week at the set session times.
9. Individuals will work collaboratively with staff on their goals and agree to attend quarterly review sessions on site.