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**ST.HELENS MIND SELF-REFERRAL FORM**

**for Wellbeing Activities for All**

**Please return the completed form to** [**admin@sthelensmind.org.uk**](mailto:admin@sthelensmind.org.uk)

**Or post to 27 Hardshaw Street, St.Helens. WA10 1RW**

**Please tick which service(s) you are referring yourself to:**

**Allotment**

**Sound of Mind Singers**

**Music**

**Cinema**

**We cannot accept referrals from:**

* Individuals with moderate to severe mental health problems who require more specialist support than St.Helens Mind is able to offer.
* Individuals with alcohol and/or drug addiction who are considered to require more specialist support than St.Helens Mind is currently able to offer.
* Individuals with any form of memory loss/dementia *may* be considered unsuitable for befriending because of the progressive nature of the condition and the lack of appropriately trained staff and volunteers. However, we do understand that this might not apply to everyone with this diagnosis and would consider each referral individually.

**All Information given on this form is confidential to St Helens Mind**

**Why do you want to join our wellbeing activities?**

**Contact details**

Title Name

Date of Birth

Address

Post Code Email Address

Tel. No Mobile Number

**Data Protection Statement**

I consent for St Helens Mind to hold data i.e., contact details (as defined in the GDPR Act (2018) about me, so the organisation can fully monitor service provision.

Signed Date

*Signed by interviewer*

Signature

*Signed by person being referred* Date

**Emergency contact details**

In case we need to contact someone due to an emergency, please leave their details below:

Title

Name

Address

Tel no Mobile number

E- Mail

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| **Equal Opportunities Monitoring Form** | | | | | | | | | |
| St.Helens Mind is keen to ensure that volunteers come from a variety of cultures, backgrounds and reflect the population the organisation serves. Volunteers are selected in line with the volunteer policy, on the basis of skills and ability. No one will receive less favourable treatment on grounds of disability, gender, ethnic origin or age. In order to ensure that the policy is being carried out, would you please provide the following information: | | | | | | | | | |
| What is your age? Please tick one box | | | | | | | | | |
| **16-19** | | | |  | | **50-59** | | |  |
| **20-29** | | | |  | | **60-69** | | |  |
| **30-39** | | | |  | | **70+** | | |  |
| **40-49** | | | |  | |  | | |  |
| What is your ethnicity? Please tick one box | | | | | | | | | |
| 1. **Asian Bangladeshi** | | | |  | | **9. White and Black African** | | |  |
| 1. **Asian Indian** | | | |  | | **10. White and Black Caribbean** | | |  |
| 1. **Asian Pakistani** | | | |  | | **11. White and Asian** | | |  |
| 1. **Asian Chinese** | | | |  | | **12. Other Mixed** | | |  |
| 1. **Other Asian** | | | |  | | **13. White British** | | |  |
| 1. **Black African** | | | |  | | **14. White Irish** | | |  |
| 1. **Black Caribbean** | | | |  | | **15. Other White** | | |  |
| 1. **Other Black** | | | |  | | **16. Other (please specify)** | | |  |
| What is your gender? Please tick one box: | | | | | | | | | |
| **Female** |  | **Male** |  | | (short answer space) | |  | **Prefer not to say** |  |
| Do you consider yourself to have a disability? Please tick one box | | | | | | | | | |
| **The Disability Discrimination Act defines disability as “A physical or mental impairment, which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”.** | | | | | | | | | |
| **Yes** | | | |  | | **No** | | |  |
| **If yes, please give details** | | | | | | | | | |

**Mission Statement**

St.Helens Mind is an independent, user focused organisation providing quality services for local people who are experiencing isolation and distress due to mental ill health. We will do this by:

Providing a range of services appropriate to the needs of people experiencing mental distress that enhances their self-worth as valued citizens.

Promoting increased awareness and understanding of mental health issues within the community

**Aims and Objectives**

St.Helens Mind aims to promote and preserve good mental health and to assist those experiencing mental distress to regain their full potential.

Our aim is to support people aged 18+ who are experiencing mental difficulties in St.Helens Borough so they achieve their full potential and play and active part in community life.

**Vision and Values**

Our vision is that there will be no stigma surrounding mental ill health, and for people experiencing mental difficulties to automatically have access to appropriate, timely, unlimited and effective support. We aim to improve the lifestyles of people living in St.Helens Borough regardless of their cultural, religious and lifestyle needs.

Our services are non-judgemental and offer opportunities to develop self-esteem and confidence by encouraging and supporting involvement.

**Quality**

We are affiliated to Mind and are committed to their quality management programme – Mind Quality Mark (MQM).

St.Helens Mind is committed to achieving high quality in the provision of services for people with mental health needs within the following principles:

* To strive for continuous improvement in all that we do.
* To use recognised/agreed standards as a means of continuous improvement and not as ends in themselves
* To agree quality requirements with commissioners and service users and to try to adhere to these at all times
* To work in the best interests of our service users at all times

T: 07912 059881 E : [admin@sthelensmind.org.uk](mailto:admin@sthelensmind.org.uk) W: [www.sthelensmind.org.uk](http://www.sthelensmind.org.uk)

Registered Office

St.Helens Mind, 27 Hardshaw Street, St.Helens. WA10 1RW

St Helens Mind is registered in England and Wales as a Registered Charity No. 1143292

and Company Limited by Guarantee No. 7659498