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**ST.HELENS MIND REFERRAL FORM:**

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

**In person befriending this service is funded for people of St Helens only**

**Allotment**

**Men’s Group**

**Mixed Social Groups**

**Choir**

**Music**

**Cinema**

**Ladies’ Group**

**Individuals can enquire about our service, but all referrals must be supported**

**by a health professional, GP, Support Worker, CPN etc.**

**or another support organisation.**

**Individuals who are NOT suitable for our service:**

* 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.

Any detrimental changes to the mental health of a client already using the service will mean the client be re-assessed. If necessary, the befriending service would be withdrawn, and the client referred to an agency more appropriate to meet his/her current needs. Due to limited resources, St.Helens Mind is unable to offer befriending to those residing in Residential or Nursing Homes.

St.Helens Mind is a voluntary organisation working with people living in the Borough

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

**Referrer Details**

**To be completed by the referrer - in consultation with the person referred.**

This section will need to be filled in by a supportive professional

Name of organisation: Click or tap here to enter text.

Title Click or tap here to enter text.

Name of referrer Click or tap here to enter text.

Address Click or tap here to enter text.

Tel No Click or tap here to enter text. Mobile Number Click or tap here to enter text.

E- Mail address Click or tap here to enter text.

**Please give brief details of the background and current situation of person being referred:**

Click or tap here to enter text.

**Are you discharging the person from your service? YES / NO**

**If YES can you, please supply details of any other relevant support contacts**:

Click or tap here to enter text.

**GP** Click or tap here to enter text.

**Surgery Address** Click or tap here to enter text.

**Surgery Telephone Number** Click or tap here to enter text.

Other Comments / Relevant information

Click or tap here to enter text.

**To be completed by referrer and person being referred:**

**Contact details**

Title Click or tap here to enter text. Name Click or tap here to enter text.

Date of Birth Click or tap here to enter text.

Address Click or tap here to enter text.

Post Code Click or tap here to enter text. Email Address Click or tap here to enter text.

Tel. No Click or tap here to enter text. Mobile Number Click or tap here to enter text.

**What would you hope to achieve in your time with St.Helens Mind telephone befriending**?

Leave the house alone  Make friends  Attend a class

Get healthier  Learn a hobby  Go shopping

Gain confidence  Use public transport  Join a social group

Be more independent  Be more active

Other: please explain:

Click or tap here to enter text.

How would you describe your mental health problem/diagnosis?

Click or tap here to enter text.

Do you have any other difficulties - i.e., medical condition / physical disability?

Click or tap here to enter text.

**In Person/Telephone Befriending:**

Do you have a preferred gender for your Befriender? Male  Female  Either

Do you have a preferred age for your Befriender? Yes  No

If ‘Yes’ please state preferred age: Click or tap here to enter text.

What are your interests / hobbies? Click or tap here to enter text.

Do you have any health / personal or mobility restrictions? Click or tap here to enter text.

Do you have any cultural, religion beliefs that you would like us to consider when finding a

volunteer befriender for you? Click or tap here to enter text.

Do you have any worries or concerns regarding having a Befriender? Click or tap here to enter text.

**To be completed by the person being referred :**

**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.

**Confidentiality**

I am willing for the information on this form to be passed on to St Helens Mind and give them permission to contact my G.P or relevant professional on a ‘need to know basis’ and immediately in case of major concern or crisis.

Signed Click or tap here to enter text. Date Click or tap here to enter text.

Signed by interviewer Click or tap here to enter text.

**Signature** Click or tap here to enter text.  **Date** Click or tap here to enter text.

**Emergency contact details**

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

Title Click or tap here to enter text.

Name Click or tap here to enter text.

Address Click or tap here to enter text.

Tel no Click or tap here to enter text. Mobile number Click or tap here to enter text.

E- Mail Click or tap here to enter text.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equal Opportunities Monitoring Form** | | | | | | | | | |
| St.Helens Mind is keen to ensure that service users come from a variety of cultures, backgrounds and reflect the population the organisation serves. No one will receive less favourable treatment on grounds of disability, gender, ethnic origin, or age. To ensure that the policy is being conducted, 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 (Quality Management in Mind (QMIM)

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)

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