Please read the below prior to completing the form:

* The Junction service is free to access for residents of the Swindon Borough Council area only, if you live just outside this area your referral maybe considered.
* To ensure we can process your referral as quickly as possible please check that the form is fully completed, signed and dated before submitting it.
* On receipt of the referral we aim to make initial contact with you within 2 weeks.
* We will make contact via a telephone call, the number you should expect a call from is 01793- 286506
* If we are unsuccessful in speaking with you after three attempts, we will assume you no longer require the service.

|  |  |
| --- | --- |
| Personal Details: | |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Date of Birth: |  |
| NHS Number: |  |
| Telephone Number: |  |

We require the below information as it may be necessary for us to seek further information in the event there are concerns regarding your health or in the event of an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| Next of Kin or emergency contact | | | |
| Name: |  | Relationship to you: |  |
| Address: |  | | |
| Phone Number: |  | | |
| Email Address: |  | | |

|  |  |  |
| --- | --- | --- |
| Do you have a history of the following? (please tick) | | |
| A. Self-Harm | Yes | No |
|  |  |
| B. Self-Neglect | Yes | No |
|  |  |
| C. Suicide Attempts | Yes | No |
|  |  |
| D. Drugs Misuse (including prescription medication) | Yes | No |
|  |  |
| E. Committing Criminal Offences | Yes | No |
|  |  |
| If you answered yes to ‘E’ please provide further details: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Have you recently left hospital? | Yes | No |
|  |  |
| If you answered yes to the above please provide further details: | | |
|  | | |

|  |  |
| --- | --- |
| Your GP: | |
| Doctor: |  |
| Surgery Name: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Your CPN/Support Worker: | |
| Name: |  |
| Organisation: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Other Support/Agency: | |
| Name: |  |
| Organisation: |  |
| Phone Number: |  |

|  |
| --- |
| Physical Health Needs  (i.e. Diabetes, Mobility, Visual, and/ or Auditory Impairment etc) |
|  |
| Mental Health Needs/Diagnosis  (i.e. Nature of Illness, etc) |
|  |

|  |  |
| --- | --- |
| The support we offer follows the 5 Ways to wellbeing model. Please mark below the type of Support which maybe benefical to you: | |
| Meeting new people | Support around debt/budgeting |
| Developing Skills | Creative activities |
| Accessing community groups | Support from other agencies |
| Self-esteem and confidence building | Developing independence |
| Any other Information: | |

Equal Opportunities Monitoring Form

We are committed to achieving equal opportunities in employment and the services it provides. To ensure the continued development of our Equal Opportunity Policy all Guests are asked to complete the details below. This information will be used solely for monitoring purposes and is confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender:** | | | |
| **Male** |  | **Female** |  |
| **Transgender** |  | **Other** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sexual Orientation: | | | |
| Heterosexual |  | Bisexual |  |
| Homosexual |  | Other |  |
| Lesbain |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Disabled: | | | |
| Yes |  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Status: | | | |
| Single |  | Divorced / Separated |  |
| Married |  | Widow |  |
| Co-habiting |  | In a relationship |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Accomodation: | | | |
| Council Housing |  | Owned Property |  |
| Private Rental |  | Housing Association |  |
| Supported Housing |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment Status: | | | |
| Full-time Employment |  | Part-time Employment |  |
| Student |  | Volunteering |  |
| Retired |  | Unemployed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity: | | | |
| White |  | Mixed |  |
| British |  |  |  |
| Irish |  |  |  |
| Other white background (Please state) |  |  |  |
| Asian Or British Asian | | Black or Black British | |
| Indian |  | Caribbean |  |
| Pakistani |  | African |  |
| Banladeshi |  | Other Background |  |
| Chinese |  | Other Asian Background |  |
| Religion: | | | |
| Christian |  | Catholic |  |
| Sikh |  | Hindu |  |
| Muslim |  | Other (Please state) |  |
| None |  |  |  |

The Junction are unable to support people who:

* Are intoxicated by alcohol and Drugs
* Require medical attention
* Show threatening or abusive behaviors

|  |
| --- |
| Summary: Please use this area to share how you feel you are declining into or recovering from a mental health crisis and how it’s affecting your day to day life. For example: Any risk factors to yourself, or any risk factors to others. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that all information is true and correct to the best of my knowledge and the referee has given consent for information to be shared: | | | |
| **Name:**  (Please Print if possible ): |  | **Date:** |  |
| **Signature:** |  | | |

|  |  |
| --- | --- |
| Please Send Completed Form To: | |
| **Secure Email:** | junction@sgmind.org.uk |

At Swindon and Gloucestershire Mind we’re committed to protecting and respecting your privacy.

This Policy explains when and why we collect personal information about you, how we use it, the conditions under which we may disclose it to others and how we keep it secure.

Any questions regarding this Policy and our privacy practices should be sent by email to

[admin@sgmind.org.uk](mailto:admin@sgmind.org.uk) or by writing to:

Swindon and Gloucestershire Mind

Sanford House

Sanford Street

Swindon

SN1 1HE

Alternatively, you can telephone 01793 432031.

Who are we?

Swindon and Gloucestershire Mind are a local mental health charity, affiliated to Mind, the leading mental health charity for England and Wales.

Our registered charity number is 1174786.

How do we collect information from you?

We obtain information about you when we receive a referral form.

What type of information is collected from you?

The personal information we collect from you includes your name, date of birth, address, email address, telephone number, race, ethnic origin, religion, sexual orientation, some criminal history, some medical history, next of kin and emergency contact details.

Why do we collect this information from you?

We may use your information to:

* contact you regarding queries raised on the referral form;
* understand your mental health concern and how best we can support you;
* understand any potential risks to you, staff or others;
* demonstrate we are striving to achieve an inclusive service;
* seek further information in the event there are concerns regarding your health or in the event of an emergency.
* contact you to schedule appointments and make well-being calls;
* seek your views or comments on the services we provide;
* notify you of changes to our services;

Who has access to your information?

* Employees of Swindon and Gloucestershire Mind
* Our data processor; we use a computer system called ‘Views’ to record personal information about our members which is necessary for us to deliver our services.  We have a contract in place that requires them to keep your information secure and not to use it for their own direct marketing purposes.
* On occasion we may be obliged to share certain information with other local services and/or agencies if we are under a duty to disclose or share your personal information in order to comply with any legal obligation or to protect the rights, property or safety of our members, volunteers or staff.
* Should this need arise we will disclose only the personal information that is necessary to carry out our obligations and we will take steps with the aim of ensuring that your privacy rights continue to be protected.
* We will not sell or rent your information to third parties or share your information with third parties for marketing purposes.

How long do we keep your information?

We review our retention periods for personal information on a regular basis.

We will only keep hard copies of personal information for 6 months after you exit our services.

We are legally required to hold some types of information to fulfil our statutory obligations and we will hold your personal information on our systems for as long as is necessary for the relevant activity.

Your choices

You have a choice about whether or not you wish to receive information from us. If you do not want to receive email marketing communications from us about our products and services you can select your choices by ticking the relevant boxes situated on the form on which we collect your information or unsubscribe at any time.

We will not contact you for marketing purposes by post, email, phone or text message unless you have given your prior consent.

You can change your marketing preferences at any time by contacting us by email: [admin@sgmind.org.uk](mailto:admin@sgmind.org.uk) or telephone on 01793 432031.

How you can access, change or erase your personal information:

The accuracy of your information is important to us. You have the right to request a copy of the information we hold about you so that you can ensure its accuracy.

You also have the right to request a change or have all records of your personal data held by us erased where there is no legitimate reason for us to retain them.

You can request any of the above by the following methods:

Email: [admin@sgmind.org.uk](mailto:admin@sgmind.org.uk)

Telephone: 01793 432 031

Write to us at: Swindon and Gloucestershire Mind, Sanford House, Sanford Street, Swindon, SN1 1HE.