



## SELF REFERRAL FORM – EASTLEIGH & WINCHESTER WELLBEING SERVICE

Please send completed referral form to either [eastleighwellbeing@solentmind.org.uk](mailto:eastleighwellbeing@solentmind.org.uk) or [winchesterwellbeing@solentmind.org.uk](mailto:winchesterwellbeing@solentmind.org.uk)

***Under your local Community Mental Health Team? Ask to be referred directly by your Care Co-ordinator.***

Your Details	
Name:	Title:
Age:	Date of Birth:
Address including Postcode:	Email address:
Mobile Number:	Safe to leave a message/text?
Landline Number:	Safe to leave a message?
Preferred method of Contact:	
Emergency Contact Name:	Emergency contact phone number:
GP Surgery:	GP name:
Where did you hear about us?	

Employment Status and Additional Needs (circle all current and applicable):	
Employed 40hrs+	Carer (for person with additional needs)
Employed 1-39hrs	Disabled/Medically unfit for work
Not employed and <u>looking</u> for employment	Full-time/Part-time Education
Not employed and <u>not looking</u> for employment	Retired
Self Employed (40hrs+)	Veteran
Self Employed (1-39hrs)	Partner / Child of a Veteran

<b>Reason for referral</b> (current mental health concerns, desired goals and outcomes from using our service).
Please include any additional relevant information including any support you may need to access our service.

**Access to technology:**

Some of our Wellbeing courses/groups run on an online platform (**Zoom™**)

**Would you be able to access Wellbeing Courses via an online platform using Zoom™?**

**(please highlight/delete one or more responses as appropriate)**

*I can use Zoom™ to attend courses and groups.*

*I would like to, but do not understand how to use Zoom™.*

*I would like to, but lack the equipment to use Zoom™ (no computer/internet etc...).*

*I am unable to use Zoom™ for another reason - please specify below:*

**Consent to share information**

**If you are receiving support from any other relevant services, we would like their consent to share information about your progress when relevant, or if we have any safeguarding concerns.**

*I give consent for the Wellbeing Service to contact my other external keyworkers as mentioned above.  
(delete as appropriate)*

YES/NO

If YES please specify the keyworker(s)/organisation(s) that you are providing consent to share your information to:

**Please fill in the following regarding Equality, Diversity and Inclusion on the following pages**

**Please highlight/delete as necessary:**

**Sex and Gender Identity:**

- Female
- Male
- Gender Fluid
- Genderqueer
- Intersex
- Non-binary
- *Prefer not to say*
- *Prefer to self-describe:*

**Sexual Orientation:**

- Asexual
- Bisexual
- Gay
- Lesbian
- Heterosexual
- Queer
- *Prefer not to say*
- *Prefer to self-describe:*

**Is the gender you identify with the same as the sex you were assigned at birth?**

*YES/NO (circle /delete as appropriate)*

**Ethnicity:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Arab</li> <li>• Asian / Asian British - Bangladeshi</li> <li>• Asian / Asian British – Chinese</li> <li>• Asian / Asian British – Indian</li> <li>• Asian / Asian British – Pakistani</li> <li>• Asian / Asian British – Any other Asian background</li> <li>• Black, Black British, Caribbean or African – African background</li> <li>• Black, Black British, Caribbean or African – Caribbean</li> <li>• Black, Black British, Caribbean or African – Any other Black, Black British, Caribbean or African background</li> </ul> | <ul style="list-style-type: none"> <li>• Mixed / Multiple - White &amp; Asian</li> <li>• Mixed / Multiple - White &amp; Black African</li> <li>• Mixed / Multiple - White &amp; Black Caribbean</li> <li>• Mixed / Multiple – Any other Mixed / Multiple background</li> <li>• White – English, Welsh, Scottish, Northern Irish or British</li> <li>• White - Irish</li> <li>• White - Gypsy or Irish Traveller</li> <li>• White - Roma</li> <li>• White – Any Other White Background</li> <li>• <i>Prefer not to say</i></li> <li>• <i>My Ethnicity is not listed above / I would prefer to self-describe:</i></li> </ul> |
|--|--|

**Religion:**

- Agnostic
- Buddhist
- Christian
- Jewish
- Hindu
- Muslim
- Non-religious
- Sikh
- *Prefer not to say*
- *My Religion is not listed above / I would prefer to self-describe:*

**Disabilities and Accessibility Needs – please any if applicable**

- Autism Spectrum Disorder (ASD)
- Brain Injury
- Chronic Illness
- Learning Disabilities
- Mobility Impairment
- Sensory Impairment
- *Prefer not to say*
- *My Disability/Accessibility need(s) is/are not listed above:*

**If you have listed any disabilities and/or other accessibility needs please could you specify, especially if there is anything the Wellbeing Service should be aware of?**

**Thank you for completing this referral. If you would like more information on why we collect this data, please speak to a member of staff.**

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