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# Referral Form

Name: Date:

Date of birth:

Address:

Phone number:

Email:

**Reason for referral**

|  |
| --- |
|   |

**If you know which service you would like, please tick a box below**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 Ways to Wellbeing  | Allotment | Walking | Art | Creative Writing |
| Music | Songwriting | Singing | Climate Action | Online Cafe |
| Radio Group | Bereavement through Suicide  | Hearing Voices | 1:1 Support | Not Sure |

|  |  |  |
| --- | --- | --- |
| Self-referral | Yes | No  |
| Another | *If another, please provide contact details below* |
| Name of referrer: |  |
| Organisation: |  |
| Phone number: |  |
| Email: |  |



Data protection Permission

In view of the way we process and store your data in compliance with General Data Protection Regulation (GDPR), it is essential we have your permission. We take your privacy seriously and promise to never sell your data. You can find out more about your rights, how we keep your personal information and how we keep your details safe and secure by reading our Privacy Policy, which can be accessed through our website or by contacting the office. For more information, or to withdraw your consent to us processing your data, contact the office on 01208 892855 or email: info@cornwallmind.org

Yes, I am happy to give you consent to store my personal data.

|  |  |  |
| --- | --- | --- |
| Date: | Name: | Signature: |
|  |  |  |

Equality and Diversity Monitoring

We want to know a bit more about you, to understand who we are engaging with our work, and who we need to work harder to reach. We also want to make sure we understand the needs of all the communities we work with. Completing these questions is voluntary, and the information you provide will be entirely anonymous. Thanks for your help.

|  |  |
| --- | --- |
| Please tick if you prefer not to complete this section  |  |

|  |
| --- |
| What is your gender?  |
|  | Female  |
|  | Male |
|  | Non-binary |
|  | Another / prefer to self-describe  |
|  | Prefer not to say |

|  |
| --- |
| Have you ever identified as trans?  |
|  | Yes  |
|  | No  |
|  | Prefer not to say |

|  |
| --- |
| What is your sexual orientation?  |
|  | Bi  |
|  | Gay / lesbian |
|  | Heterosexual / straight |
|  | Another / prefer to self-describe |
|  | Prefer not to say |

|  |
| --- |
| What is your ethnic background?  |
|  | Asian  |
|  | Black  |
|  | Mixed  |
|  | White |
|  | Another / prefer to self-describe …………………… |
|  | Prefer not to say |

|  |
| --- |
| Which of these categories best represents your experience of mental health problems? (Please tick all that apply)  |
|  | I have personal experience of mental health problems  |
|  | I use / have used mental health services |
|  | I am a family member of somebody who has experienced mental health problems |
|  | I am a friend to someone who has experienced mental health problems |
|  | I care or look after someone who has mental health problems |
|  | Another (please specify if you wish) |
|  | None of the above |

|  |
| --- |
| Do you consider yourself to have a long term health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?  |
|   | Yes  |
|  | No  |
|  | Prefer not to say |