

Referral Form

PERSONAL DETAILS										
First name				Surname						
Address & Postcode										
Contact telephone number(s)						Gender				
Email address				NOK <i>name, relationship, contact telephone number</i>						
NI number						DOB		DD	MM	YYYY

MENTAL HEALTH
<p>Mental health diagnosis and difficulties</p> <p>Does the client show good insight into their mental health?</p> <p>Is the client stable in their mental health?</p> <p>Date of last hospital admission/discharge <i>we are unable to accept referrals if the client has been hospitalised within the last six months</i></p>
OTHER HEALTH ISSUES
<p>Other health issues including physical</p>

EMPLOYMENT
<p>Is the client unemployed?</p> <p>Is the client motivated to gain employment?</p> <p>Is the client well enough and committed to engage in employment support sessions?</p> <p>Is the client's spoken English of an adequate standard to engage in employment support sessions?</p>

BENEFITS
<p>Benefits received <i>e.g. Income Support, JSA, ESA, DLA / PIP, None</i></p>

RISK ASSESSMENT & CPA

Is either the completed Status Employment Referral Risk Questionnaire or Risk Assessment (full risk assessment dated within the last six months) enclosed?

Is the client on CPA?

If yes, enclose most recent and full CPA

REFERRER INFORMATION

Referrer name

Address

Postcode

Email address

Contact telephone number(s)

Relationship to client

REFERRER'S SIGNATURE

DATE

I confirm that to the best of my knowledge, the information I have given is true and complete. I understand that it might be necessary for STATUS to contact any other person named on this form to obtain support for my intention to take on paid employment. Any information obtained will be used only for such purposes and will be kept confidential.

DATA PROTECTION ACT

Status Employment will hold information concerning you in hand-written, typewritten and electronic formats. Such information is held confidentially, but by signing this form, you are giving permission for such information to be released to appropriate organisations / persons in connection with your search for work and with your health needs.

Should you wish to see the data held on your behalf you must write to the Chief Executive of Status Employment, requesting access. Please note that five days notice will be required. Access will only be denied where the organisation believes that this will cause serious harm to the health or condition of the Data Subject.

CLIENT'S SIGNATURE

DATE

Please return this completed form along with accompanying information either by email to carol.foster@slam.nhs.uk or by post to Status Employment, 6 West Way Gardens, Shirley, Croydon CR0 8RA