**One referral per client. All consents must be completed for the referral to be accepted.**

**1. Name and contact details of person being referred**

|  |  |  |
| --- | --- | --- |
| Name (including title) |   | Date of birth  |
| Address |   | Postcode  |
| Email |   | Telephone   |
| NHS no. if known |   |
| Where did you hear of this service? |   |

**2. Contact details of person making the referral (for use by professionals/relatives/friends)**

|  |  |
| --- | --- |
| Name (include title)  |   |
| Organisation  |   | Position or relationship to client:  |
|  Address |   | Postcode  |
| Email |   | Telephone  |
| Please tick to confirm the person being referred has given **consent** for you to contact us: [ ] Type of consent obtained: Verbal? [ ]  *(form must be signed by referrer)* Written? [ ]  *(form must be signed by client)* |

**3. Please tick which service(s) are required**

|  |  |  |  |
| --- | --- | --- | --- |
| Adult Carers [ ]  | Befriending [ ]  | Benefits, housing, debt & employment [ ]  | Employment and Education [ ]  |
| Form filling [ ]  | Handy person [ ]  | Long term health conditions [ ]  | Mental Health Support [ ]  |
| Mental Health Carers [ ]  | Mutual Carers [ ]  | Older People [ ]  | People with Autism [ ]  |
| People with learning Difficulties [ ]  | People with Physical Difficulties [ ]  | Young Carers [ ] Please tick if in receipt of free school meals [ ]  |  |

**4. Please briefly explain the reason for this referral to Bromley Well. If relevant, include reference to any health, disability or caring issues that should be considered**

|  |
| --- |
|   |

**5. What would be the best outcome for you/your client?**

|  |
| --- |
|  |

**Consent to record and use your personal information**

In order to provide a service for you, we need to record your personal details. Everything you tell us is treated confidentially, stored securely and you can ask to see a copy of your record any time. Full details about how we manage your personal data can be found on our website https://www.bromleywell.org.uk/bromley-well-privacy-policy/ or by calling 0208 315 1912 / 07593 562454.

**Please complete all sections and sign at the bottom.**

1.I, the client, consent toBromley Well recording information about me in order to provide their services:[ ] *(Please tick)*

I am happy to be contacted by*(tick all that apply)*phone [ ]  email [ ]  SMS/text [ ]  voicemail [ ]

2. Sometimes we suggest referring you to other organisations for help. We can help you get an appointment and pass your details to them so you don't have to repeat yourself.

I, the client, consent to Bromley Well sharing my information with other service providers. YES [ ]  NO [ ]

3. I, the client, consent to Bromley Well contacting my GP or other medical/social care professional in order to obtain and/or discuss my medical/case records

YES [ ]  NO [ ]  N/A [ ]

4. Third party consent: To help with your enquiry it may be easier for you to give consent for us to discuss your situation with a relative / professional / friend, including the person who refers you to our services.\* If so, please complete:

I, the client, agree to (insert name of third party):

discussing my enquiry with Bromley Well and all relevant partners within the project.

5.1 I, the client, consent to Bromley Well sharing my personal information with research organisations so I can be contacted to give feedback. YES [ ]  NO [ ]

5.2I, the client, consent to Bromley Well recording sensitive personal information about me, like health conditions or my ethnicity (known as ‘special category data’) for research and planning purposes only YES [ ]  NO [ ]

**Signatures**

|  |  |
| --- | --- |
| Signed by client  | Date  |
| Signed by parent (if client under 16 years)  | Date  |
| Signed by third party referrer (if necessary)  | Date  |

Please ensure this referral and consent form has been completed and signed by you/your client. Please send it via secure, password protected means only to spa@bromleywell.org.uk.

**\*** If there is deemed to be a risk of harm to a client or any other individual involved, consent to discuss an enquiry with other people and services may be over ridden in the interests of safety.