



## Bromley Well referral form

We have an online referral form which will be sent directly us. This is the easiest and quickest way to use our service! Visit [www.bromleywell.org.uk/refer](http://www.bromleywell.org.uk/refer)

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

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](mailto:spa@bromleywell.org.uk).

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

First Name:	Surname:	Date of birth:	NHS Number if known:
Address	f		
Town	County:		
Postcode	Email:		
Phone			
4. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer another term <input type="checkbox"/>			

### 2. Contact details of person making referral

First Name:	Surname:
Organisation:	Job title or relationship to client, e.g social worker/mother:
Address:	
Town:	County:
Postcode:	
Phone:	Email:

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

Adult Carers <input type="checkbox"/>	Befriending <input type="checkbox"/>	Benefits, housing, debt & employment <input type="checkbox"/>	Employment and Education <input type="checkbox"/>
Form filling <input type="checkbox"/>	Handy person <input type="checkbox"/>	Long term health conditions <input type="checkbox"/>	Mental Health Signposting <input type="checkbox"/>
Mental Health Carers <input type="checkbox"/>	Mutual Carers <input type="checkbox"/>	Older People <input type="checkbox"/>	People with learning Difficulties <input type="checkbox"/>

People with Physical Difficulties <input type="checkbox"/>	Young Carers <input type="checkbox"/> Please tick if family receives Universal Credit <input type="checkbox"/>	
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**4. Please briefly explain the reason for this referral. 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**

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 BTSE on 07593 562454.

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

**Completing all sections will speed up your referral because we won't have to get back to you.**

1. I, the client, consent to Bromley Well recording information about me 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. *\*see note at end*

**N.B If third part consent is not given, we cannot discuss this referral with anyone else, including the referrer.**

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

5.2 I, 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 form is completed by someone other than client)	Date

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\* 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.

Thank you for your referral. We aim to respond within 5 working days of receiving your referral.

**More information about Bromley Well services**

[www.bromleywell.org.uk](http://www.bromleywell.org.uk)

Online referral form [www.bromleywell.org.uk/referral](http://www.bromleywell.org.uk/referral)

Email: [spa@bromleywell.org.uk](mailto:spa@bromleywell.org.uk)

Freephone helpline Monday – Saturday 9am-5pm 0808 278 7898