

**Please complete all sections:**

**Contact details:**

Title:

First name (client): Surname/family Name:

**Information about your support requirements**

What current issues are you having that you need help with?

 Brief description:

Have you enrolled on a course?

Name of course:

Please choose the options that best describe the areas that you would like support with. *These are optional and you can choose as many as you need.*

|  |
| --- |
| **I’d like to improve my wellbeing** |
| Creative activities | 🞏 | Daily routine and motivation | 🞏 |
| Isolation and loneliness | 🞏 | Peer-support | 🞏 |
| Self-esteem | 🞏 | Stress management | 🞏 |
| Transition/change difficulties | 🞏 |  | 🞏 |
|  |
| **I’d like support with low mood and/or anxiety** |
| Anxiety 🞏 |  | Depression | 🞏 |
| Emotional difficulties 🞏 |  | Hopelessness | 🞏 |
| Low mood 🞏 |  |  |  |
|  |
| **I’d like support around relationships and identity** |
| Abortion/miscarriage/fertility | 🞏 | Bullying | 🞏 |
| Cultural issues | 🞏 | Divorce and separation | 🞏 |
| Domestic violence | 🞏 | Family problems | 🞏 |
| Gender identity | 🞏 | Grief/loss/bereavement | 🞏 |
| Identity | 🞏 | Parenting | 🞏 |
| Peer support | 🞏 | Postnatal depression | 🞏 |
| Relationship break-up | 🞏 | Relationship problems | 🞏 |
| Sexual dysfunction | 🞏 | Sexuality | 🞏 |
| Social isolation/loneliness | 🞏 | Transition/change/stage of life | 🞏 |
|  |
|  |
| **I’d like support with my mental health** |
| Abuse | 🞏 | Aggression | 🞏 |
| Agoraphobia | 🞏 | Anger | 🞏 |
| Anxiety | 🞏 | Binge Eating | 🞏 |
| Bi-polar disorder | 🞏 | Bulimia | 🞏 |
| Childhood abuse | 🞏 | Depression | 🞏 |
| Drug/alcohol addiction | 🞏 | Gambling | 🞏 |
| Gender dysphoria | 🞏 | Internet addiction | 🞏 |
| Managing mental health condition | 🞏 | Obsessions/compulsions/OCD | 🞏 |
| Panic Attacks | 🞏 | Personality disorder  | 🞏 |
| Phobia | 🞏 | PTSD | 🞏 |
| Post Natal Depression  | 🞏 | Psychosis | 🞏 |
| Psychosomatic complaints | 🞏 | Self-harm | 🞏 |
| Sexual dysfunction | 🞏 | Sleeping problems/insomnia | 🞏 |
| Social anxiety/Phobia | 🞏 | Suicidal thoughts | 🞏 |
| Support recovering from a crisis | 🞏 | Trauma | 🞏 |
| Unexplained medical symptoms | 🞏 | Victim of crime/assault | 🞏 |
| Victim of torture/persecution/war | 🞏 |  |  |
|  |
| **I’d like support with physical health** |
| Be more active/improve fitness | 🞏 | Healthy eating/nutrition | 🞏 |
| Ill-health | 🞏 | Long-term illness/chronic condition | 🞏 |
| Quit smoking | 🞏 | Sleeping problems | 🞏 |
| Unexplained medical symptoms | 🞏 | Weight loss | 🞏 |
|  |
| **I’d like support with managing routine and everyday life** |
| Cooking | 🞏 | Managing money | 🞏 |
| Motivation and routine | 🞏 |  | 🞏 |
|  |  |  |  |
| **I’d like support with employment**  |
| Coming out at work | 🞏 | Help getting a job | 🞏 |
| Redundancy and employment  | 🞏 | Support to become a volunteer | 🞏 |
| Workplace difficulties and stress | 🞏 | Worried I might lose my job | 🞏 |
|  |  |  |  |
| **I’d like support with learning and adult education** |
| Computer/ IT | 🞏 | English/Literacy | 🞏 |
| ESOL (English) | 🞏 | Maths | 🞏 |

I’d like support speaking up and accessing services 🞏

I’d like support with finances and benefits 🞏

**Contact details:**

**In order to be accepted on the Network, we will need to contact you by telephone to complete this referral.**

Kindly indicate when would be the best day(s)/time(s) to call you:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Monday  | Wednesday | Thursday |
| AM (9-1pm) |  |  |  |
| PM (1-5pm) |  |  |  |

If we are unable to get through, are you happy for us to:

|  |  |  |  |
| --- | --- | --- | --- |
| Leave a voicemail | Yes 🞏 | No 🞏 |  |
| Send an email  | Yes 🞏 | No 🞏 |  |

Contact number:

Email address:

Address:

City: Postcode:

Date of birth:

Is an interpreter required: yes / no

What is the name of your **GP practice**? (Compulsory)

**Diversity information:**

**Gender: What is your marital status?**

|  |  |  |  |
| --- | --- | --- | --- |
| Man | 🞏 | cohabiting | 🞏 |
| Woman  | 🞏 | Divorced | 🞏 |
| Transgender Man | 🞏 | Lone parent | 🞏 |
| Transgender Woman | 🞏 | Married/civil partnership | 🞏 |
| Prefer not to say | 🞏 | Partner | 🞏 |
| Other | 🞏 | Separated | 🞏 |
|  |  | Single | 🞏 |
|  |  | widowed | 🞏 |
|  |  | Prefer not to say | 🞏 |

**What is your ethnic category? What is your sexual orientation?**

|  |  |  |  |
| --- | --- | --- | --- |
| White or white British | 🞏 | Bisexual | 🞏 |
| Asian or Asian British | 🞏 | Gay woman/lesbian | 🞏 |
| Black or Black British | 🞏 | Gay man | 🞏 |
| Mixed background | 🞏 | Heterosexual  | 🞏 |
| Other ethnic group | 🞏 | Other  | 🞏 |
| Prefer not to say | 🞏 | Prefer not to say | 🞏 |

**What is your religion?**

|  |  |  |  |
| --- | --- | --- | --- |
| Atheist/no religious belief | 🞏 | Muslim | 🞏 |
| Buddhist | 🞏 | Secular beliefs | 🞏 |
| Chanedi | 🞏 | Sikh | 🞏 |
| Christian | 🞏 | Other | 🞏 |
| Hindu | 🞏 | Prefer not to say  | 🞏 |
| Jewish | 🞏 |  |  |

**What is your current employment status?**

|  |  |  |  |
| --- | --- | --- | --- |
| Receiving benefits | 🞏 | Self-employed part time | 🞏 |
| Employed full time | 🞏 | Self-employed full time | 🞏 |
| Employed part time | 🞏 | Retired | 🞏 |
| In education/training | 🞏 | Unemployed | 🞏 |
| Long term sick or disabled  | 🞏 | Unemployed and available for work | 🞏 |

**What is your current accommodation status?**

|  |  |  |  |
| --- | --- | --- | --- |
| Owner occupier | 🞏 | Shared ownership | 🞏 |
| Rented from Hackney Council | 🞏 | A residential home | 🞏 |
| Temporary accommodationPlaced by Hackney council | 🞏 | Homeless | 🞏 |
| Rented from registered provider such as Housing Association | 🞏 |  NHS acute psychiatric wardOther NHS facilities,Hospital | 🞏🞏 |
| Rented from private landlord | 🞏 | Other 🞏 Prefer not to say | 🞏 |

Thank you for taking the time to complete this form, we will now forward this information to The City and Hackney Wellbeing Network. You will receive a phone call from a coordinator to take you through the rest of your application process.

Signed: …………………………………………………………. Dated: ……………………..