

Referral Form for Mind in Mid Herts (MiMH) Services

Please fully complete this form to access our services

First Name : _____ **Surname :** _____ **Title :** _____

Address : _____ **Date of Birth :** _____
 _____ **Contact No :** _____
 _____ **Can we leave voice/text messages? Yes** **No**

Post Code : _____ **In the case of an emergency who would you like us to contact? :** _____
email address : _____ **What is their relationship to you? :** _____
 _____ **What is their contact No? :** _____

Your Gender : Male Female Transgender I'd rather not say

If you are under the care of the Community Mental Health service, please indicate which team:

- Wellbeing Team** **Support & Treatment Team**
Targeted Treatment Team **Specialist MH Team for Older People**
Other (please specify) _____

And who do you see? _____

Please note that a risk assessment will be required from a Mental Health Team or Adult Care Services. If you are a professional supporting someone to complete this form please attach a risk assessment.

GP's surgery : _____ **GP's name :** _____

We provide the following services. Please tick the ones you are interested in. [Please note that a small charge is made for most services.]

- Counselling**
(eg one-to-one or family counselling)
- Specialist Support Groups**
(eg OCD, Carers, Personality Disorder, LGBT, Hearing Voices, Young People)
- Vocational / employment Support**
- Life Skills courses**
(eg anxiety, depression management)

- Groups:**
- **Creative groups**
(eg art, craft, drama, music)
 - **Talking groups**
(eg peer support, wellbeing, men's, women's groups)
 - **Active groups**
(eg allotment, cycling, walking)

We have centres in the following locations. Please tick all the locations you are interested in:

St Albans Stevenage Hertford Welwyn Garden City

[PLEASE NOTE THAT NOT ALL SERVICES ARE AVAILABLE IN ALL OUR CENTRES.]

How did you find out about us? _____

Were you referred to us by? The Wellbeing Team Other Mental Health Team GP
 Hospital HertsHelp Job Centre Turning Point CGL Self-referral
 Other (please specify): _____

Do you consider yourself to have a disability? Yes No

If 'Yes', please describe your disability: _____

Do you require disabled access? Yes No

Do you have any unspent convictions? Yes No

Our commitment to you

- We will always respect your personal information and privacy.
- All information which is shared is confidential, subject to the following conditions:
 - All staff working at Mind in Mid Herts are required to have supervision for ongoing professional development. Individual cases and information might be discussed as part of this process, but service users' anonymity will be protected at all times.
 - Project Officers have access to service users' files to monitor and report on the services.
 - Staff and volunteers are not permitted to keep secrets. They are bound by a duty of care to share any information which might give any cause for concern.

Your Rights

To comply with the new regulation we have procedures and technologies in place so by making a written request you can exercise your:

- Right to be informed about how we collect and use your information.
- Right of access : We have an 'open file' process which enables you to access all your records whenever you wish.
- Right to rectification and data quality : We will ensure that the personal data we hold remains up-to-date and accurate.
- Right to erasure : We have processes in place to securely dispose of personal data that is no longer required, or where you have asked for it to be erased. However, please note that Mind in Mid Herts is subject to laws governing retention periods.
- Right to object to the use of your personal data : We will not use your data for direct marketing without your positive consent. You also have the right to restrict our processing of your data while we address any objection you raise.
- Right to data portability : We will provide your data to a new or additional service provider if you so wish.

How would you like to hear from us?

A) Regarding the services and projects we offer:

* Please indicate all the ways you would like us to contact you:			
By Post: Yes <input type="checkbox"/>	By email: Yes <input type="checkbox"/>	By Phone: Yes <input type="checkbox"/>	By SMS (text): Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

B) Newsletters, meetings and other general information:

* Please indicate all the ways you would like us to contact you:			
By Post: Yes <input type="checkbox"/>	By email: Yes <input type="checkbox"/>	By Phone: Yes <input type="checkbox"/>	By SMS (text): Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

*** Please note that you can change or withdraw your consents at any time.**

Service User declaration: *The details I have given are accurate. I give my permission for Mind in Mid Herts to obtain information (including risk assessments) from other agencies which currently support me, both statutory and charity sector.*

Signature : _____ **Date :** _____

Please send the completed form to your nearest Mind in Mid Herts centre:

Hertford
1st Floor
The Hinds Room
The Seed Warehouse
Hertford
SG14 1PX
(Tel 01992 584387)

St Albans
11 Hatfield Road
St Albans
AL1 3RR
(Tel 01727 865070)

Stevenage
13 Town Square
Stevenage
SG1 1BP
(Tel 01438 369216)

Welwyn Garden City
3rd Floor
Campus West Tower
Welwyn Garden City
AL8 6AE
(Tel 01707 326065)

Alternatively you can : Fax to 01727 838545 or email to admin@mindinmidherts.org.uk

Please note : This referral form can be downloaded from our website at www.mindinmidherts.org.uk