|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Information provided in this application will be treated as confidential and will not be passed to anyone outside of Richmond Fellowship without the applicant’s permission.*  **RF Cambridgeshire & Bedfordshire Employment Service**  **Bedfordshire**: Hartford House 2 – 6 Hartford Road, Huntingdon PE29 3PB Tel: 01480 456257  **Cambridge**: 23 Signet Court, Swann Road, Cambridge CB5 8LA Tel: 01223 301032  **Hunts & Fens**: Hartford House, 2-6 Hartford Road, Huntingdon PE29 3PB Tel: 01480 456257  **Peterborough**: 42 Park Road, Peterborough, PE1 2TG Tel: 01733 897111  **Email address for ALL referrals**: [cambs&beds.referrals@richmondfellowship.org.uk](mailto:cambs&beds.referrals@richmondfellowship.org.uk) | | | | | | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | |
| Title: | Mr  Mrs  Miss  Ms  Dr  Other: | | | | | | | | Gender: | | | Male  Female Transgender | | | |
| Name: |  | | | | | | | |  | | |  | | | |
| Address: |  | | | | | | | |  | | | Other: ………………………………………………………… Prefer not to say | | | |
| Postcode: |  | | | | | | | | Sexual Orientation: | | | | |  | |
| Email: |  | | | | | | | | Date of Birth: | | | | |  | |
| Home Tel: |  | | | Mobile Tel: | | |  | | GP Surgery: | | | | |  | |
| **Mental Health** | | | | | | | | | | | | | | | |
| **Mental health challenges / diagnosis:**  ***Risk of harm to self e.g. self-harm, self-neglect, suicidal* thoughts**  Yes  No **Details:** | | | | | | | | | | | | | | | |
| **Autism / Asperger’s** | | | | | | | | | | | | | | | |
| **Are you:** | | | Diagnosed with Autism/Asperger’s? | | | | | | | Yes  No | | | | | |
|  | | | Seeking a diagnosis for Autism/Asperger’s? | | | | | | | Yes  No | | | | | |
|  | | | Showing traits of Autism/Asperger’s? | | | | | | | Yes  No | | | | | |
| **Additional Support** | | | | | | | | | | | | | | | |
| **Please tick if any of the following apply to you:** | | | | | | | | | | | | | | | |
| Physical Disability  Mobility Issues  Sensory Disability  Are you registered disabled:  Yes  No | | | | | Any Learning Difficulty  Dyslexia  Dyscalculia  Specific Language Impairment | | | | | | Visual Impairment  Hearing Impairment  Drug and/or Alcohol Problem  Domestic Abuse | | | | |
| **Do you have a history of offending behaviour?**  Yes  No If yes, please specify what offence and when?  **Any other risk factors?**  Yes  No If yes, please specify | | | | | | | | | | | | | | | |
| **Ethnicity** | | | | | | | | | | | | | | | |
| White | | Mixed | | | | Asian or Asian British | | | Black or Black British | | | | | | Chinese or other |
| British | | White & Black Caribbean | | | | Indian | | | Caribbean | | | | | | Chinese |
| Irish | | White & Black African | | | | Pakistani | | | African | | | | | | Other |
| Other | | White & Asian | | | | Bangladeshi | | | Other | | | | | |  |
|  | | Other | | | | Other | | | First Language ……………….  Interpreter required?  Yes  No | | | | | | |
| **Employment** | | | | | | | | | | | | | | | |
| **Are you currently in work?** | | | | | | | | **How long have you been unemployed for?** | | | | | | | |
| Yes | | | | | | | | Less than 6 months | | | | | 6 to 12 months | | |
| Yes but signed off sick | | | | | | | | 1 to 5 years | | | | | Over 5 years | | |
| Signed off – for how long? | | | | | | | | Never worked | | | | |  | | |
| Unemployed | | | | | | | |  | | | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supporting Summary of Applicant’s Employment Situation** | | | | | |
|  | | | | | |
| **Richmond Fellowship Training Courses** | | | | | |
| Are you interested in attending either of the following courses: Assertiveness | | | | | |
|  | | | Managing Work Related Stress | | |
| **Referrer Information** | | | | | |
| Name: | |  | Telephone Number: | |  |
| Job Title: | |  | Email: | |  |
| Referring Agency: | |  |  | |  |
| Or if self-referral, who recommended the service or advised to call us? | | | | | |
| **Signatures** | | | | | |
| In order for us to proceed with this referral we need your consent to store your information.  **Do we have your consent?**  **Yes**  **No**  Do you consent to receive emails from our local service?  Yes  No  Do you consent to receive emails from our national service?  Yes  No  Do you consent to us leaving a voicemail? Mobile?  Yes  No Landline?  Yes  No | | | | | |
| Client: |  | | Date: |  | |
| Referrer: |  | | Date: |  | |
| If completing this form electronically please tick to confirm client consents to this referral | | | | | |
| INTERNAL USE ONLY: Is this a high risk referral?  Yes  No Reason: | | | | | |

**CONSENT TO STORE INFORMATION**

From the time you apply to our service to 6 years after your support ends we will store some information about you. (It is a legal requirement that we keep your records for this length of time)

**WHAT**: Basic information like your D.O.B, contact details, next of kin and professionals working with you, some information about your background, needs and strengths.

**WHERE:** On RF Connect - the secure electronic system we use to record our work with you.

**WHY**: In order that we understand your needs and support you in the best way possible. It is also so that we can stay in contact with you and the other people that support you. Finally, because we want to make sure that as an organisation we comply with the law and best practice in terms of equal opportunity and non-discrimination.

**Please Note**: We have the right to refuse entry on to the premises, or stop your appointment, if you appear to be under the influence of alcohol or illegal substances or are seen to be in possession of alcohol or illegal substances.