

Kirklees Employment Service Referral Form.

Please read carefully and choose the option(s) that suit you, then go to page 2 to begin completing the referral form\*:

\*Please see page 4 for detailed information about the pathway options and what they include.

**Pathway 1:** I would like to be in employment, education, training, or voluntary/placement work within the next 6 months.

**Pathway 2:** I want to focus on my mental health wellbeing and confidence.

Please return Referral forms to:

Kirklees Employment Service, The Media Centre, 7 Northumberland Street, Huddersfield, HD1 1RL.

Alternatively, you can email the completed for to: [Info.KirkleesES@RichmondFellowship.org.uk](mailto:Info.KirkleesES@RichmondFellowship.org.uk)

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| **Application for Kirklees Employment Service** | |
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| *Information provided in this application will be treated as confidential. Your Date of Birth and Postcode may be passed to our commissioners at the NHS and Kirklees council for contract monitoring purposes; your completion of this form shows your agreement to this. No further personal information will be shared with commissioners or to anyone outside of Richmond Fellowship without the Applicant’s permission.* ***Please complete all sections in full*** |
| Personal Information |

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| **Title:** |  | **Gender Identity:** |
| Miss  / Mrs  / Ms  / Mr  / Other |  | Male  / Female  / Other |
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| **First Name:** |  | **Date of Birth:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Surname:** |  | **Telephone Number:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address:** |  | **Email:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **­**  **Postcode:** |  | **National Insurance Number:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Ethnicity:** |  | **NHS Number:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Contact Preferences** |

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| **How would you like us to contact you?** |
| Phone Call  / Text  / Email  / Letter  Can we leave a voicemail? Yes  / No |

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| **Goals** |
| **What would you like to achieve in the next 6 months?** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Other Services** |

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| **Are you currently receiving support from any other services? *Please List:*** |
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| **Have you previously served in the Armed Forces?** |
| Yes  / No |
| **Have you used Kirklees Employment Service before?** |
| Yes  / No |



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| **Self- Referral** | Yes  / No |
| ***If you are referring someone into the service, please provide the following information*** | |
| **Referrers Name:** | **Referrer’s Organisation:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Number:** | **Address:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Address:** | **Relationship to you:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Important: Referrers must attach a current risk assessment if one is available.**  **We will share this risk assessment with the service user when completing our initial assessments.** | |

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| **Referrer Information** |

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| **Health Information** |

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| **Are you currently receiving support from a professional for your mental Health?** Yes  / No |
| **What mental ill health do you experience?** |
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| **Are you under a CPA (Care Programme Approach)?** Yes  / No  Date of Next Review: |
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| **Do you have any current restrictions (i.e. currently sectioned under the mental health act, subject to probation or community orders)?**  Yes  **/** No |
| **Do you live with any of the following?** |
| Autism  / Asperger’s  / Hidden Disability  / Learning Difficulties  / Physical Disability  Drug Dependency  / Alcohol Dependency  Please provide further information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Marketing** |

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| **Where did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



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| **Signatures** | |
| The personal information provided on this form, and in all other dealing with Richmond Fellowship, will be handled in accordance with the General Data Protection Regulations. I agree to provide the above information and will notify Richmond Fellowship of any changes to the details provided on this form. | |
| **Client:** | **Date:** |
| **Referrer:** | **Date:** |
| **If Completing this form electronically, please tick to confirm consent:** | |

The Pathways:

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|  | **Pathway 1**  **Employment** | **Pathway 2**  **Peer Support** | **Pathway 3**  **Online** | **Pathway 4**  **Employer Engagement** |
| Your Main Goal | Employment  Education  Training  Volunteering (including volunteering with our service)  Placement  Retain in employment  Job change | Improve wellbeing and understanding of your mental health  Improve confidence  Become a Peer Support Champion | To begin using both employment and peer support in your own time and at your own pace | For employers.  Support employees with workplace mental health  To retain staff  Recruiting  To support with phased returns  To improve organisation of mental health and employment |
| Ideal Time Frame to achieve goal | 6 months (will be reviewed regularly and will be flexible based on needs and engagement) | No time frame | No time frame | No time frame |
| Types of meetings | One to one with adviser:  Face to face  Video  Email  Phone | Face to Face  Zoom/Teams  Handbooks (self-help documents) | Not Applicable | Face to face if required  Video  Email  Phone |
| Engagement Level | A willingness to have support to do things for yourself and gradually build independence.  Committed to attending meetings with adviser (if 3 are missed with no notice you will have to re-refer to the service).  Committed to taking on tasks for self in sessions and in between sessions  Agreement that if struggling to engage in sessions, a referral to a different pathway may be more appropriate | If attending groups, a willingness to engage with the sessions through attendance.  Willingness to partake in any tasks set away from sessions (usually more for handbooks).  Join in with conversations where possible. | Decided by the individual | Willing to make time for appointments with adviser  Willing to schedule any workshops into the working day as required |
| Resources Available | Access to Peer Support and Online Resources  Personalised Support Plan.  Goals and achievements regularly reviewed.  Can also use pathway 2 and 3. | Presentations and resources from groups  The chance to talk with others with lived experiences  Online Resources  Can refer to other pathways when ready | Handbooks to complete  Links to other services  Links to mental health support  Employability resources such as CV guides, Job searching guides and interview tips.  Can refer to other pathways when ready | Online Resources  Links to helpful sites and guides  An Employer and mental health handbook  Tailored meetings with an adviser  Can signpost colleagues to all available pathways |