

Camden Hub referral form

Personal details

Full name:

Phone number:

Date of birth:

Address:

Gender:

Email address:

Postcode:

Reason for referral

How can the Hub help?

- Improve living skills
- Improve social network
- Improve self-esteem
- Physical health
- Support with mental health
- Support with finances
- Back to work/education
- Finding meaningful activities
- Other

If 'Other', please provide more information:

Ethnicity – *This section is optional*

Choose one option that best describes your ethnic group or background:

- White – English/Welsh/Scottish/
Northern Irish/British
- White – Irish
- White – Gypsy or Irish Traveller
- White – Any other White background
- Black/Black British – African
- Black/Black British – Caribbean
- Black/Black British – Any other
Black background
- Asian/Asian British – Indian
- Asian/Asian British – Pakistani
- Asian/Asian British – Bangladeshi
- Asian/Asian British – Chinese
- Asian/Asian British – Any other
Asian background
- Mixed/Multiple – White and Black Caribbean
- Mixed/Multiple – White and Black African
- Mixed/Multiple – White and Asian
- Mixed/Multiple – Any other Mixed background
- Other – Arab
- Other – Any other ethnic group

Mental health

Please let us know if you have been experiencing challenges with your mental health, including any treatment you have been following, or support you've been receiving:

Physical health

Please let us know if you have any serious physical condition or have been feeling physically unwell recently. If applicable, tell us about the type of treatment that you have been following:

Details of your GP

Are you currently registered with a GP?

Yes No

If 'Yes', what is the name of your GP practise?

Is there anything else you would like us to know?

Referrer's details – *You do not need to fill out this section if you are self-referring*

Full name:	<input type="text"/>	Phone number:	<input type="text"/>
Job title:	<input type="text"/>	Address:	<input type="text"/>
Agency:	<input type="text"/>		
Email address:	<input type="text"/>	Postcode:	<input type="text"/>

Emergency contact details

Full name:	<input type="text"/>	Address:	<input type="text"/>
Relation:	<input type="text"/>		
Phone number	<input type="text"/>	Postcode:	<input type="text"/>

PRIVACY STATEMENT

We only collect information that is necessary to provide our service, and we promise to look after it:

1) The information we collect As well as collecting information in the referral form, we will also take notes relating to our work with you after each meeting. Over the course of our work with you we may also collect information from other services or individuals in your support network. Where relevant this may include details about your physical or mental health.

2) What we do with it We use this information to provide our service. We may also use this information to evaluate and improve our services. We only keep information as long as is reasonable and required by social care guidelines. You have a right to access this information at any point and request for us to delete or amend it.

3) Does anyone else see my information? In order to provide you with our service, there may be times when we need to share some of your information with our partner organisations or relevant members of your support network. This is the only time we will do so. We may share your personal information if required by law, or to protect against harmful or illegal activity.

Before you can submit this form you must read and accept our privacy statement.
Please tick this box if you agree to your information being used in this way.

You can view our privacy policy online at www.likewise.org.uk/privacy for details on use and storage of personal data

FOR OFFICE USE ONLY

Has the user been invited for an assessment?

Yes No Date:

Further information or documentation required:

Risk assesment Care plan None

For more information please email contactus@likewise.org.uk or visit our website at www.likewise.org.uk