



For better
mental health

Mind in Croydon Employment & Social Inclusion Services

Fairfield Club
10 Altyre Road
East Croydon
Surrey, CR0 5LA
Tel: 020 8688 1210

Orchard House
15a Purley Road
South Croydon
Surrey, CR2 6EZZ
Tel: 020 8253 8205

Enterprise House
18 Westow Street
Upper Norwood
SE19 3AH
Tel: 020 8771 5950

Mind in Croydon Employment & Social Inclusion Services aims to support people with mental health problems to take part in mainstream social, leisure and vocational activities within the community, including helping people return to work.

It is recommended that this referral form only be completed with the client present or at least with their given consent. As clients have access to their notes, please state if there is any reason why this referral form should not be shown to them.

In order to avoid any delay in processing this application, please ensure that all sections of the form are completed in full and that the hand writing is legible. Please ensure you include a **risk assessment, care plan or social report** if you have these available to you.

Terms and conditions of continued membership:

- a. The project staff must be kept informed of any changes that have been made to a clients care plan.***
- b. The project staff must be informed, should the client relapse to a level where they are unable to attend the project.***
- c. The project staff reserves the right to refuse or discontinue a client's membership, if they are in breach of their trainee agreement.***

Please retain this page for your information and complete / return the rest of the form together with **any risk assessments and CPAs** as soon as possible to:

**Orchard House
15a Purley Road,
South Croydon, Surrey, CR2 6EZ**



Mind in Croydon
Employment & Social Inclusion Services
Fairfield Club, Enterprise House and Orchard House

Referral Form

Client Section

Title: Mr/Mrs/Miss/Ms (delete as appropriate)

Surname:..... **First Name(s):**..... **Date of Birth:**

Address:
.....
.....

Telephone No:

Mobile No:

Post Code:

Membership No:

Next of Kin: **Relationship (if any):**

Address:
.....
.....**Post Code:**

Telephone No:

Mobile No:

Referrers Section

Name: **Surname:**..... **Team:**

Agency / Address:
.....
..... **Post Code:**

Telephone No:

Mobile No:

Position: Care Coordinator: CPN: OT: G.P: Consultant:
Other: (Please specify)

Are there any other agencies involved in the clients care: Yes: No:
(If yes please specify)
.....
.....

1. Please circle which service/experience you are applying for:

- | | |
|--|------------------------------------|
| Fairfield Club | Enterprise House |
| Employment and Recovery Worker | Other (please specify)..... |
| Active Minds: 1-2-1 Boxercise Gym Allotment | |

2. Please explain briefly why you believe this person will benefit from accessing Mind in Croydon's Employment & Social Inclusion Services.

3. Have you discussed this referral with the client?

Yes No

4. Please give a description and brief history, of the client's mental health problem and current practical and social functioning.

5. Is the client prescribed any medication? Please give details including side effects and any need for supervision.

6. Is the client on CPA?:

Yes Not on CPA
(Please attach)

7. Does the client have a history of substance misuse?

Yes No *(If yes please give details)*

8. Does the client have a history of violent, aggressive or sexually inappropriate behavior?

Yes No *(If yes please give details)*

9. Are there any other risk issues that we need to be aware of?

Yes No (If yes please give details)

10. Do you know of any factors that may affect the client's ability to access our services?
(For example physical health, sight, mobility or literacy problems)

11. What sort of support do you provide to the client?

12. Do you have any discharge plans?

13. Any other comments?

I UNDERSTAND THAT AS A REFERRER I WILL BE THE FIRST POINT OF CONTACT IF THE PROJECT STAFF/SUPPORT WORKERS HAVE ANY CONCERNS REGARDING THE CLIENT. I WILL MAINTAIN CONTACT WITH THIS PERSON UNTIL RESPONSIBILITY IS TRANSFERRED TO SOME ONE ELSE AT WHICH TIME I WILL INFORM THE MIND STAFF.

Signed :

Dated:

Print Name:

Mind in Croydon
 Equal Opportunities Monitoring
**Information required by
 London Borough of Croydon**

To help Mind in Croydon in the implementation of its Equal Opportunities Policy, we would be grateful if you would complete and return this form.

The completed form will be separated from your application and the information you give will be kept confidential and will not at any stage be used to decide on your suitability.

Gender

Female Male

How would you describe your ethnicity?

White

British
 Irish
 Any other white background
 (please specify).....

Mixed

White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background
 (please specify).....

Asian or Asian British

Indian
 Pakistani
 Sri Lankan
 Any other Asian Background
 (please specify).....

Black or Black British

Caribbean
 African
 British
 Any other black background
 (please specify).....

Other Ethnic Groups

Chinese
 Any other ethnic group
 (please specify).....

What age group are you in?

18 - 30
 31 - 40
 41 - 50
 51 - 60
 61+

Do you have a physical disability?

Yes No
 (Please specify)

How do you describe your sexuality?

Heterosexual (straight)
 Homosexual (gay, lesbian)
 Bisexual
 Asexual
 Transgender

Thank you for completing this form.



Membership Form

Fairfield Club

Surname:

First Name:

Address:

Telephone No:

.....

Mobile No:

Postcode:

How do you think you will benefit from attending the Fairfield Club?.....

.....
.....

Have you any particular skills or interests that you would be prepared to share with other members?

.....
.....

What have you been doing for the past 12 months?.....

.....
.....

How do you see the future?.....

.....
.....

Is there anything else you would like to tell us, or think we should be aware of?

.....
.....

Signed: (Applicant) **Print:** **Date:**.....

Signed: (Referrer) **Print:** **Date:**.....

Thank you for your application.