Nature in Mind Referral Form

Instructions: Type into grey boxes to fill out the form electronically.

Please email the completed form to natureinmind@frameworkha.org or post to **Nature in Mind, The Burrow, 40 Forest Road West, Nottingham NG7 4EQ**

Name:	Date of Birth:
Address:	Postcode:
Contact number:	E mail address:
Would you like to be contacted about upcoming events by text message: Yes ☐ No ☐	

Emergency Contact:	
Name :	Contact tel. no.
Address:	Postcode:
Relationship to you:	e mail:

Medical Information
Please tell us about any health issues we should be aware of. *We recommend that you have an up to date tetanus injection.*
Are you currently taking any medication? If yes, please state:
How would you describe your mental health or that of the person you are referring?

Do you (or does the person you are referring) have a diagnosed mental health issue?

Yes ☐ No ☐

If yes, please state diagnosis below:

Referrer Details	
Referral agency:	**Date of Referral**
Referrer Name:	Telephone number:
Address:	Postcode:
Referrer Email:	

Self-referral

Where did you hear about this project?

Disclosure of information

In order for Framework to offer support and give advice, it may be necessary to liaise with other agencies and disclose relevant information.

Why do we need to share information about you?

To provide you with a service that is going to meet your needs, we may need to contact other organisations or individuals who are providing you support or who are involved with you in some other way that is relevant to the support we provide.

This disclosure will only be done with your consent, except where;

- The information provided indicates a serious risk to yourself or others
- A serious threat of harm is made to a third party or it is considered that a child may be at risk. In this instance the information may be provided to Social Care or the Police.
- Disclosure is required by law or is necessary in the public interest

Health Centre Name:	Address:
Contact details:	GP Name:
Telephone number:	Email Address:
Service Name:	Address:
Contact details:	Worker/Practitioner name:
Telephone number:	Email Address:
Service Name:	Address:
Contact details:	Worker/Practitioner name:
Telephone number:	Email Address:
Service Name:	Address:
Contact details:	Worker/Practitioner name:
Telephone number:	Email Address:

In accordance with the Data Protection Act 1998 information supplied on this form is kept

securely and will not be shared with any third party other than the support services listed above.

I have read and understood the above information concerning how my data will be used and shared

Signature: Date:

Equality and Diversity Monitoring – optional information						
We operate an equal opportunities policy across all our activities. Please tell us about yourself to help us monitor our efforts to achieve this.						
Gender	male	☐	female	☐	transgender	☐

Ethnic origin			
Asian/Asian British		Dual heritage	
Bangladeshi	☐	White and Asian	☐
Indian	☐	White and African	☐
Pakistani	☐	White and black Caribbean	☐
Other	☐	Other	☐
Please specify:		Please specify:	
Black/Black British		White	
African	☐	British	☐
Caribbean	☐	Irish	☐
Other	☐	Other	☐
Please specify:		Please specify:	
Chinese	☐	Gypsy/Romany/Irish traveller	☐
Religion and Belief			

No religion	☐	Jewish	☐
Christian	☐	Muslim	☐
Buddhist	☐	Sikh	☐
Hindu	☐	Other religion	☐
Decline to answer	☐	Please specify:	
Sexual Orientation			
Heterosexual	☐	Homosexual	☐
Bisexual	☐	Decline to answer	☐
Disability			
The disability discrimination Act(1995) describes disability as 'a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities'			
Would you consider yourself disabled under this definition? Yes ☐ No ☐			
Economic Activity			
Employed full time/part time ☐		Looking after home/family ☐	
Unemployed ☐		Student ☐	
Retired ☐		Permanently sick or disabled ☐	

If you are referring yourself to the project please disregard the following section and return this form to Nature In Mind - we will then arrange to complete a risk assessment with you.

If you are part of a service, or a worker referring another individual, please complete the risk assessment form that follows.

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Framework: Risk Assessment for Referring Agencies

We request that all referring agencies complete this form and referral form to the project or service they are referring to. This will not be used primarily as a basis for accepting or excluding people from Framework's services, but will inform our own risk management strategy should we be able to offer accommodation or service.

Please include information based upon your own work with the client, as well as any known history. If you feel that the information you pass on to us may need further qualification, please use the end of the form to pass on your concerns. It should be remembered that we are attempting to establish which of our services is best suited to support your client and manage the potential risks that others may pose to them as well as any potential risks they may pose to others. As such, we request that you involve your client in this process wherever possible, unless to do so would; in your opinion, increase the potential risk(s) posed. The object of this form is to get your assessment of the client which is, where possible, agreed with the client. If the client does not agree, or you have not involved them in the assessment, please say why on page 2.

Note: Framework cannot make an allocation decision without a completed risk assessment form.

To complete the form, type into the grey boxes.

NAME OF CLIENT: DATE OF BIRTH:

Framework will treat all risk assessment information with sensitivity. Sometimes we need to ask for more detail about an issue. Are there any responses to questions on this form that the client does not wish to talk to us about directly? If 'yes' please attach qualifying note, including whom we could approach for further information **YES** ☐ **NO** ☐

Dangerous Behaviour	**Yes**	**No**		**Emotional / Mental Health Problems**	**Yes**	**No**
Known incidents of violence	☐	☐		Detained under the Mental Health Act	☐	☐
				Known suicide attempts	☐	☐
If yes, to whom? Staff	☐	☐				
Other users	☐	☐		Known self-harm	☐	☐
Public	☐	☐				
Friends/family	☐	☐		Dual Diagnosis	☐	☐
Most serious damage caused:				Bizarre behaviours	☐	☐
None ☐ Minor injury ☐				**Self-Care/Risk from Others**	☐	☐
Serious Injury ☐ Death ☐						
				Incidents of serious self-neglect	☐	☐
Known incidents of abuse or harassment to others	☐	☐				
				Incidents of being abused/exploited	☐	☐
Known danger to children	☐	☐				
				Incidents of being harassed	☐	☐
Verbal aggression towards others	☐	☐				
				Accidental harm [e.g. kitchen fires, careless smoking]	☐	☐
Problems managing anger/impulsive behaviour	☐	☐				
				Persistent provocative behaviour	☐	☐
Sexual assault/exposure	☐	☐				
Arson	☐	☐				
Substance/alcohol abuse	☐	☐				

If you have ticked yes to any question please give a brief outline of behaviour/incidents. Also describe any work your organisation has carried out with the individual that relates to

risk or any work that you or your client has agreed to carry out in the future.
Was the client involved in assessing the risk(s) they may pose or others may pose to them? **Yes ☐ No ☐** **If No, state why:** **How long have you worked with the client?**
Completed by:
Signed by worker:

Name of Organisation:	**Telephone number:**
Address:	**Email Address:**
Date of Assessment:	
Name of Organisation:	