

Mind BLMK Referral Form

Please provide as much information as possible to enable us to support you effectively.

At least **one contact method** must be provided in order for us to be able to contact you regarding your referral.

Your Details	
Forename *	
Preferred Name	
Surname *	
Date of Birth *	
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unknown
Is your gender the same as the gender you were assigned at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> I don't know
Preferred Pronouns	
Ethnicity	<input type="checkbox"/> Asian or Asian British – Bangladeshi <input type="checkbox"/> Asian or Asian British – Chinese <input type="checkbox"/> Asian or Asian British – Indian <input type="checkbox"/> Asian or Asian British – Japanese <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Asian or Asian British – Other <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – Other <input type="checkbox"/> Mixed – Asian & White <input type="checkbox"/> Mixed – Black African & East Asian <input type="checkbox"/> Mixed – Black African & South Asian <input type="checkbox"/> Mixed – Black African & White <input type="checkbox"/> Mixed – Black Caribbean & East Asian <input type="checkbox"/> Mixed – Black Caribbean & South Asian <input type="checkbox"/> Mixed – Black Caribbean & White <input type="checkbox"/> Mixed – East Asian & White <input type="checkbox"/> Mixed – Other <input type="checkbox"/> Other – Arab <input type="checkbox"/> Other – Gypsy or traveller <input type="checkbox"/> Other – Another background <input type="checkbox"/> White or White British – White British <input type="checkbox"/> White or White British – White Irish

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	<input type="checkbox"/> White or White British – Eastern European <input type="checkbox"/> White or White British – Other <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Unknown
If other, please specify	
Telephone - Landline	
Telephone – Mobile	
Email Address	
How would you like us to contact you?	<input type="checkbox"/> Call – Landline <input type="checkbox"/> Call – Mobile <input type="checkbox"/> Email <input type="checkbox"/> Post
Are we okay to leave a message if we cannot contact you? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Address	
Address 1	
Address 2	
Town *	
County	
Post Code	
If you are referring on behalf of another individual, please complete the following section.	
Name of referrer	
Email	
Telephone	
Organisation address	
Is the person you are referring aware of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Is the person you are referring happy for us to feedback to you, the referrer, directly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Does the person have a risk assessment or care plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Equal Opportunities and Disability Monitoring	
Do you have any access requirements we need to be aware of? (i.e. language, disability or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>If yes, please provide a brief description</p>	
<p>Further Information</p>	
<p>How did you hear about Mind BLMKs services?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 111 Option 2 <input type="checkbox"/> Ambulance <input type="checkbox"/> CMHT/Recovery Team <input type="checkbox"/> Counselling <input type="checkbox"/> Drugs or Alcohol Services <input type="checkbox"/> Event <input type="checkbox"/> Friend or Family <input type="checkbox"/> GP <input type="checkbox"/> IAPT <input type="checkbox"/> Online: Search Engine or Social Media <input type="checkbox"/> Other <input type="checkbox"/> Other Voluntary Organisation <input type="checkbox"/> Police <input type="checkbox"/> Social Prescriber <input type="checkbox"/> Social Worker <input type="checkbox"/> Workplace or University
<p>Which service are you interested in? *</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bereavement by Suicide (Milton Keynes) <input type="checkbox"/> Central Bedfordshire Mental Health and Wellbeing Hub <input type="checkbox"/> Complex Emotional Needs Peer Support Group (Milton Keynes) <input type="checkbox"/> Crisis Recovery Service (Milton Keynes) <input type="checkbox"/> DBT Graduate Peer Support Group (Bedfordshire & Luton) <input type="checkbox"/> Peer Mentoring (One-to-One – Bedford & Central Bedfordshire) <input type="checkbox"/> Peer Support (Bedford & Milton Keynes) <input type="checkbox"/> Suicide Prevention Pathways Service (All Areas) <input type="checkbox"/> Wellbeing Groups (Luton) <input type="checkbox"/> Young Person’s Wellbeing Navigator Service (Central Bedfordshire)
<p>Please can you tell us more information about what support you are looking for and why?</p>	

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Data Protection & Confidentiality

Mind BLMK adheres to the Data Protection Act 2018’s principles of good information handling and the EU General Data Protection Regulation 2018.

This means that your information will be:

- Fairly and lawfully processed
- Processed for limited purposes
- Adequate, relevant and not excessive
- Accurate and up-to-date, not kept for longer than necessary, and secure.

Please indicate below if you consent to Mind BLMK collecting, recording and processing your personal data for the purpose of providing you with support and to ensure your health, safety and wellbeing. Mind BLMK will use your information appropriately and in line with our Privacy Policy which you can see here: <https://www.mind-blmk.org.uk/privacy-policy>

Your details will not be shared with anyone else without your consent. If you have any concerns or questions about how your personal data is collected and used, please ring our HQ on 0300 330 0648 or email hq@mind-blmk.org.uk. Please note that without your consent, you will not be able to submit this form and access Mind BLMK’s services.

Please note: Where information is given in confidence that Mind BLMK believes poses a risk to the service user, a risk to other people, a risk to the safety and welfare of a child, or is against the law, we reserve the right to disclose that information to a relevant third party.

Please tick the box to confirm you agree with the above statement. *	<input type="checkbox"/> Yes, I confirm I agree with this statement.
Full name of person providing consent	
Signature of person providing consent	