



PROJECT			
WORKER		Date Completed	

This referral pack is so that we can work on a wellbeing package that suits the needs of each client.

All client work undertaken by the Counsellor will be supervised both managerially and externally, in accordance with the British Association of Counselling and Psychotherapy ethical framework and good practice guidance.

Please visit our website www.motherwellcheshirecio.com

Title: (Mr, Mrs, Miss / Ms)	
Forename:	
Surname:	
Address:	
Postcode:	
D.O.B:	
Telephone:	
Mobile:	
Email:	

Contact Preferences:

Are we able to send letters to this address? Yes No

Are we able to send emails to this email address? Yes No

Are we able to leave a message with someone if landline contact provided?

Yes No If applicable, please enter name(s) of person(s) we can leave a message with _____

Are we able to leave a voicemail? Landline: Yes No

Mobile: Yes No

Are we able to text you? Yes No

Referrers details:

Name:

Position:

Tel:

GP details:

Dr:

Practice:

Tel:

Other Agencies: (please provide name(s), organisation(s) and contact(s) details)

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Presenting Issues:	<input type="checkbox"/> Anxiety or Panic <input type="checkbox"/> Anger <input type="checkbox"/> Behaviour <input type="checkbox"/> Bereavement / Loss <input type="checkbox"/> Depression <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Eating Issues <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Family Illness <input type="checkbox"/> Family Separation/ Divorce <input type="checkbox"/> Health (Physical) <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Relationship Difficulties <input type="checkbox"/> Self Harm <input type="checkbox"/> Self Worth/ Self Esteem <input type="checkbox"/> Sexual Abuse/ Assault <input type="checkbox"/> Sexual Identity Issues <input type="checkbox"/> Sleeping Difficulties <input type="checkbox"/> Stress <input type="checkbox"/> Suicidal thoughts/ behaviours (self) <input type="checkbox"/> Suicidal thoughts/ behaviours (others) <input type="checkbox"/> Substance Abuse/ Addictions <input type="checkbox"/> Trauma <input type="checkbox"/> Other
Risk Factors:	Please details any identified risk in relation to the client:
Best location to see you:	<input type="checkbox"/> Crewe <input type="checkbox"/> Nantwich <input type="checkbox"/> Sandbach <input type="checkbox"/> Winsford <input type="checkbox"/> Northwich <input type="checkbox"/> Middlewich

I consent to my personal data, including special category data being processed (written down, stored, added to a database or spreadsheet, adapted or used to make a decision) by the Motherwell Cheshire CIO, and by any other organisation needed to fulfil the task of providing support to me through this process.

I understand that my data will be kept for up to 3 years in paper or electronic format and after that time, or before that time if it's not needed anymore, it will be destroyed.

Signed:

Date:

Equality and Diversity Monitoring Form:

This form is **not mandatory**, also, any information you provide in the Equality and Diversity Monitoring Form will not be used in assessing and/or scoring.

Motherwell Cheshire CIO collects equality information for monitoring purposes, to ensure that our policies and procedures are effective. In accordance with the Data Protection act, the Charity will collect, use, protect and retain information about you for the purposes of exercising or performing rights and obligations in connection with the project, including the production of management information, which will be collected centrally. This could include sharing anonymised information with funders, etc. All personal information will be processed fairly and lawfully, in accordance with the Data Protection act and, when produced as statistics, the data cannot be traced back to any individual.

I consent to Motherwell Cheshire CIO processing the information I have provided in this form <input type="checkbox"/>			
Ethnic Origin: <input type="checkbox"/> White English <input type="checkbox"/> White Scottish <input type="checkbox"/> White Welsh <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black, African or Caribbean background <input type="checkbox"/> Gypsy, Roma, Irish Traveller Other Ethnic Groups <input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/> Not stated <input type="checkbox"/> I do not wish to disclose my ethnic group	Sexual Orientation: Please select which best describes your sexuality: <input type="checkbox"/> I do not wish to disclose my sexual orientation <input type="checkbox"/> Questioning <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married/ Civil Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law Partnership <input type="checkbox"/> Other	
	Age Group: <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65 or over	Religious Belief: Please indicate your religious belief: <input type="checkbox"/> None <input type="checkbox"/> Atheism <input type="checkbox"/> Spiritual <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Judaism <input type="checkbox"/> Hinduism <input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Any other religion <input type="checkbox"/> I do not wish to disclose my religion/ belief	
	Occupation: <input type="checkbox"/> Working full-time <input type="checkbox"/> Working part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Unable to work because of long term sickness or disability <input type="checkbox"/> Student <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Gender fluid <input type="checkbox"/> Gender neutral <input type="checkbox"/> Prefer not to say	

Data Protection:

This document is intended to provide information about the way in which we will work with you, the sort of information we will keep about you that we need to pass on and what to do if you want to make a complaint about our service.

The information that Motherwell Cheshire CIO record while they are working with you will be kept on a paper file and a computer file. The information will be kept safely and confidentially within our service. Sometimes we use anonymous statistics taken from the records we have, to help us plan our service. No one would be able to identify any person we work with by looking at these statistics.

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal information, please contact one of the Chief Executive Kate Blakemore

kate@motherwellcheshirecio.com

We want to make sure that your personal information is accurate and up to date. You may ask us to correct or remove information that you think is inaccurate.

During the sessions with you, the worker will share any concerns that they have about your safety, including the safety of others and the risks that you face. The worker will tell you if another agency or person needs to be involved in helping to protect you or others. If either you or another person is in immediate danger we will pass on information to ensure yours or another's safety, even if you don't give your permission for us to do that. Agencies we may disclose personal information to include Health Professionals, The Police, Probation Service or the Local Authority.

Please sign to show that you have understood the information in this document and that you consent to our service keeping records of our work with you.

Signed:	Print Name:	Dated:

From time to time, Motherwell Cheshire CIO may take photographs of activities or workshops taking place. Please sign below to show consent to have your photograph taken and used for marketing and other promotional activities.

Signed:	Print Name:	Dated: