DERBY CITY LIFE LINKS

RICHMOND FELLOWSHIP
MAKING RECOVERY REALITY

Referral Form

To access our 1:1 support please complete the referral form and return via email or post. If you require assistance to complete the form or have additional questions, please contact us.

Freephone number: 0800 032 2202

Email: dc.lifelinks@nhs.net	Website: www.derbylifelinks.org,uk

Office address: Stuart House, Green Lane, Derby, DE1 1RS

Client Information

Full name:	**Date of Birth:**
Contact Number(s):	**Current address:**
Email address:	**GP name, contact number & address:**

Equal Opportunities Monitoring Questions

Ethnicity:	**Religion:**
Gender: Female ☐ AFAB ☐ Male ☐ AMAB ☐ Non-Binary ☐ Other:	**Sexuality:** Heterosexual ☐ Gay ☐ Bisexual ☐ Lesbian ☐ Other:
Pronouns: She/her ☐ They/them ☐ He/him ☐ Other:	**Do you consider yourself to have a disability:** Yes ☐ No ☐ Prefer not to say ☐
Employment status: Part time ☐ Unpaid work ☐ Full time ☐ Unemployed ☐ Self-employed ☐ Studying ☐ Sick leave ☐ Prefer not to say ☐ Other:	**Benefits:** None ☐ PIP ☐ ESA ☐ Universal credit ☐ JSA ☐ Prefer not to say ☐ Other:

Reasons for Referral

Please tell us the reasons for the referral and any additional information you think would be helpful.

What support do you currently receive? Include any professionals name, organisation and contact number.	
Please state any additional or specific support you require. Example – interpreter.	
Where did you hear about us?	

Referrer Information

If you are referring someone into the service, please sign to say that you have gained consent from the individual being referred. **Self-referrals:** By signing below I give consent to Richmond Fellowship receiving personal information from my referral agent or any other agencies involved in my current or previous care/ support. Richmond Fellowship will handle all information in line with their Confidentiality Policy and Information Governance protocols.

Name:	**Is this a self-referral?**
Signature:	**Date:**

Complete if you are referring someone else: (not self-referrals)

Organisation:	**Role:**
Contact number:	**Email address:**