



AGENCY REFERRAL FORM

Please return the completed form to:

The 1+1 Project

BME Mental Health Support Worker

STEP
The Junction, 12 Beechvalley Way
Dungannon
BT70 1BS

Email: virginia.salvador@stepni.org
Phone: 028 877 50211

CLIENT'S NAME:	CONTACT NUMBER:
ADDRESS:	DATE OF BIRTH:
	EMAIL ADDRESS
GP NAME AND ADDRESS:	NEXT OF KIN NAME AND TELEPHONE NUMBER
NATIONALITY/LANGUAGE SPOKEN	IS AN INTERPRETER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NO OF DEPENDANTS AND AGES. DOES ANY OF THE DEPENDANTS HAVE A DISABILITY? None	
REFERRING ORGANISATION NAME OF THE ORGANISATION ADDRESS	NAME OF THE PERSON WHO REFERS THE CLIENT CONTACT DETAILS (TEL & EMAIL)
REASON FOR REFERRAL MAIN CONCERNS: DOES THE CLIENT POSE A RISK TO THEMSELVES OR OTHERS INCLUDING PROFESSIONALS?	
WILL YOU CONTINUE TO SUPPORT THE CLIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE THERE ANY OTHER ORGANISATIONS OR PROFESSIONALS CURRENTLY SUPPORTING THE CLIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO DETAILS:	
EXCHANGE OF INFORMATION AND CONSENT	

As part of The 1+1 Project referral and assessment process, it may be necessary for staff to contact other relevant agencies for information regarding client’s family support needs. Any information obtained will be treated in confidence and with respect.

I hereby authorise The 1+1 Project to seek information from other relevant agencies in order to assist with this application. I understand that this may include information of a personal nature.

The 1+1 Project will deal with client’s personal data in accordance with the Data Protection laws and regulations.

Please Note: The referral cannot be considered unless signed consent is provided.

SIGNATURE OF THE REFERRING ORGANISATION: **DATE:**

CLIENT’S SIGNATURE: **DATE:**

Verbal or Signature.....

FOR OFFICE USE ONLY:

Eligibility Criteria:

- BME background
- Over 18
- Mental Health Support Needs
- Additional Needs

Successful Referral	Placed on waiting list	Unsuccessful Referral
<input type="checkbox"/> Reason/Details:	<input type="checkbox"/> Reason/Details:	<input type="checkbox"/> Reason/Details:

Date of initial assessment:

Signature: Date: