**Catalyst Support Referral Form**

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| **Referral Date:** | Click or tap to enter a date. |

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| **Who is this referral for?** | Choose an item. |

If you are referring someone else, please complete the next section. For a self-referral, please move on to the client details.

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| **REFERRAL FOR SOMEONE ELSE** | | |
| **Please ensure you seek permission before making a referral on behalf of someone else.** | | |
| **Has the individual you are referring, consented to you making a referral on their behalf?** | | Choose an item. |
| **Referrer Details – please enter your details** | | |
| **Type of referrer:** | Choose an item. | |
| **(Other) Please state:** |  | |
| **Name (required):** |  | |
| **Organisation (Professionals only - required):** |  | |
| **Telephone (required):** |  | |
| **Email:** |  | |
| **Do you require feedback on the referral outcome?** | Choose an item. | |
| **If yes, please provide us with your preferred contact method and details:** |  | |

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| **CLIENT DETAILS** | |
| **First Name:** |  |
| **Last Name:** |  |
| **Date of birth:** | Click or tap to enter a date. |
| **Email:** |  |
| **Telephone:** |  |
| **Postal address:** |  |
| **Are you involved in any other services?** | Choose an item. |
| **If “yes”, please tell us which services:** |  |
| **GP Surgery** |  |

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| **What support are you looking for? (please select one option only)** | |
| **Catalyst Counselling** –you will work with a counsellor for support in exploring past and present life events. These could be linked to drug or alcohol use, mental health or both |  |
| **Community Connections** - you can work with a link worker to develop coping strategies, set goals and be connected to services within the community. We also provide activities and groups to support your mental health. The Amigo Project provides volunteer lead peer support |  |
| **I am interested in both services** |  |

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| **Catalyst Counselling Service** | |
| **We provide online and face-to-face sessions from Woking.  Our service operates an affordable, subsidised fee structure, with session costs ranging from £15-£40 per session depending on income.** | |
| **Please confirm whether you are happy to proceed** | Choose an item. |
| **Please provide details about your drug and/or alcohol use and mental health and why you are making the referral. Please note we are unable to support people who are drinking over 12 units per day. Our service supports those who are experiencing mild-moderate depression or anxiety, we are unable to accept referrals for people with complex trauma, psychosis, paranoia or active suicidal ideation.** | |
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| **What would you like to achieve from Catalyst Counselling?** | |
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| **Community Connections Wellbeing Support** | | | | |
| **What Community Connections Support? (Tick all that apply)** | | | | |
| One to one link worker support |  | | Don't know |  |
| Groups and activities |  | | Other |  |
| Amigos support |  | |  |  |
| **If Other, please give us a few details of what you are looking for:** | | | | |
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| **How can we support you? Please also provide a brief history and any mental health diagnosis.** | | | | |
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| **Emergency Contact/Next of Kin Name** | | | | |
| Name | |  | | |
| Relationship to you | |  | | |
| Contact Details (phone number or email) | |  | | |

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| **Amigos Support (only complete this section if Amigos has been requested)** | |
| **Are you (or person being referred):**   * Aged 18+ * Live in Runnymede, Spelthorne, Surrey Heath, West Elmbridge, Woking or Guildford * Have a diagnosis of a mental health issue * Want to engage with a community group or activity, but just need a little extra support * Motivated in their recovery and wants to improve their mental health * At a point where they can leave the house independently to meet a buddy in the community   **Please select 'YES' if all of the above applies.** | Choose an item. |
| **What is your desired outcome for the buddying referral?** | |
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| **Can you travel independently?** |  |
| **What is your preferred gender for a buddy?** | Choose an item. |

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| **IDENTIFIED RISKS** | |
| **Risk to self:** | Choose an item. |
| **If yes, please provide some more details:** |  |
| **Risk to others:** | Choose an item. |
| **If yes, please provide some more details:** |  |
| **Risk from others:** | Choose an item. |
| **If yes, please provide some more details:** |  |
| **Risk to children:** | Choose an item. |
| **If yes, please provide some more details:** |  |
| **Social services involvement:** | Choose an item. |
| **If yes, please provide some more details:** |  |
| **Any offending behaviour, charges or convictions.** | Choose an item. |
| **If yes, please provide some more details:** |  |

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| **If you have any other supporting documentation, such as a current risk assessment, care plan or similar, please email them to us with this referral form.** |

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| **Demographics (options given are taken from the 2021 Census)** | | | | | | | | | |
| **What is your ethnicity?** | Choose an item. | | | | | | | | |
| **Gender** | Choose an item. | | | | | | | | |
| **Preferred Pronouns (if applicable)** |  | | | | | | | | |
| **What is your sexual orientation?** | Choose an item. | | | | | | | | |
| **What is your religion?** |  | | | | | | | | |
| **Do you have a disability? (please select all that apply)** | No Impairment |  | Learning Disability |  | Physical Disability |  | Visual Impairment | |  |
| Hearing Impairment |  | Dual Sensory Loss |  | Autism Spectrum |  | Prefer Not To Say | |  |
| **Are you registered disabled?** | Choose an item. | | | | | | | | |
| **Are you a carer?** | Choose an item. | | **If YES, is this as a paid or unpaid carer?** | | | | |  | |

*A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.*

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| **Hear About Us** | |
| **How did you hear about us?** | Choose an item. |
| **If “Another Organisation”, please tell us which one.** |  |
| **If other, please give us some more details** |  |
| **Keep up to date with all our news and latest updates.**  **Would you like to subscribe to our quarterly newsletter mailing list? (you have the option to Unsubscribe at any time)** | Choose an item. |

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| **Agreements** | |
| **I agree for Catalyst Support to process my personal information and to make contact using the details provided.** | Choose an item. |
| **I can confirm that all the details on this form are correct.** | Choose an item. |

Your details are safe with us. Check out our Privacy Policy below for more details  
<https://catalystsupport.org.uk/policies-privacy/>