***PLEASE COMPLETE BOTH FORMS FULLY AND WAIT FOR US TO CONTACT YOU REGARDING AN ASSESSMENT APPOINTMENT WHICH CAN TAKE UP TO SIX WEEKS, DEPENDING ON THE CURRENT WAITING LIST – THANK YOU.***

**Privacy policy**

I hereby confirm my understanding of and acceptance of the following information;

Mind in Haringey will utilise the personal data I have provided in this form for the purposes detailed in our privacy policy which can be found at <https://www.mindinharingey.org.uk/about-us/policies/>

We only use personal information in the ways we need to and that is expected of us.

We will keep you up to date with our work including any relevant services, changes to your confirmed appointments, raising awareness, promoting understanding as well as our fundraising activities.

Do you agree to us using your data in this way? (mark with an **x**) Yes No

If you’re happy for us to keep in touch, please let us know how you would like to hear from us

Yes No

Post

Phone

Email

Text

Signature…………………………………………………………………………………………………………………………………………

If you wish to remove your agreement to our use of your data at any point please let us know by either in;

**Writing:** Mind in Haringey, Station House, 73c Stapleton Hall Road, London, N4 3QF

**Email:**[admin@mih.org.uk](mailto:admin@mih.org.uk)

**Tel:** 020 8340 2474

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***If you are referring yourself, you do not need to complete this first part*** | |  |
| **Referring Agency:**    **Contact Name:** | | **Referral To:**  **Alessandra Santos**  **Mind in Haringey**  Counselling Services.  Station House  73C Stapleton Hall Road  London  N4 3QF or  Email: [alessandra.santos@mih.org.uk](mailto:alessandra.santos@mih.org.uk) | |
| **Address :**  **Contact Phone Number:**  **Email:** | |

**……….....………….Bereavement Referral Form………....…………..**

**SELF REFERRAL DETAILS**

|  |  |
| --- | --- |
| **Name:**  **Address:** | **DoB:** |
| **Spoken Language:** |
| **Contact phone number**  **Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email:** |
| **How would you prefer to be contacted?**  **Phone Email Post**  **\*Please be aware that Mind In Haringey has a private Number and may come up as Blocked.** | **Your current employment status:**  **Unemployed Employed (FT)**  **Employed (PT) Student** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Client Details continued:** | |  |
| **Are you currently taking any medication to help with a psychological problem?**  **If yes, please detail medication you are taking-** | | **Yes No** | |
| **Which service within Bereavement Network do you require?**  **Support Group –** Yes / No  **1-2-1 Telephone Support –** Yes / No  **Grief Workshops –** Yes / No  **Bereavement Counselling –** Yes / No  **If yes, please complete section on the right** | | **How would you prefer to receive counseling?**  Online / Over the phone / Face to face  **What is your availability?**  **Please tick your availability. Please note we may not always be able to accommodate your full request.**   |  |  |  | | --- | --- | --- | | **Days** | **Day Time** | **Evening Time** | | **Monday** |  |  | | **Tuesday** |  |  | | **Wednesday** |  |  | | **Thursday** |  |  | | **Friday** |  |  |   **If you would like to access Bereavement Counselling would you prefer a Male or female Counselor?**  Male / Female | |
| **Reason for accessing Mind in Haringey Bereavement Network Service**: | | | |
| **Have you accessed any other services at Mind in Haringey?** **Yes If so which one? No** | | | |

|  |  |  |
| --- | --- | --- |
|  | **Name and address of CPN/Social worker/ GP:** |  |
| **G.P details:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Next of kin details:** | |  |
| **Name:** | | **Address:** | |
| **Contact Number:** | |

**Confidentiality & data Protection:**

All information held on this form will be kept confidentially in a locked cabinet and will only be shared within the guidelines of Mind in Haringey Confidentiality as laid down in the 1998 Data Protection Act.

**Signature of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**