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**Richmond Fellowship Leicester Life Links**

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| **Referral Form** | | | |
| To access our 1:1 support please complete the referral form and return via email or post. For people 18+ living in Leicester City, Blaby, and Oadby & Wigston. If you require assistance to complete the form or have additional questions, please contact us. | | | |
| **Freephone number:** | 0800 023 4575 | **Opening times:** | Monday-Friday 9am-5pm |
| **Email:** | Richmond.fellowshiplifelinks@nhs.net | **Office address:** | 1st Floor, 60 Charles Street  Leicester, Leicestershire, LE1 1FB |
| **Website:** | [**www.rflifelinks.co.uk**](http://www.rflifelinks.co.uk) |

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| **Client Information** | | | |
| **Full name:** |  | **Date of birth:** |  |
| **Contact number(s):** |  | **Current**  **address:** |  |
| **NHS number**  **(if known):** |  | **GP name, contact number & address:** |  |
| **Email address:** |  |

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| **Equal Opportunities Monitoring Questions** | | | |
| **Ethnicity:** |  | **Religion:** |  |
| **Gender:** |  | **Sexuality:** |  |

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| **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 the 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?** | YES / NO |
| **Signature:** |  | | **Date:** |  |
| **Complete if you are referring some one else: (not self-referrals)** | | | | |
| **Organisation:** |  | | **Role:** |  |
| **Contact number:** |  | | **Email address:** |  |

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| **Leicestershire Mental health and Wellbeing Recovery services:** | | | | |
| **Service provider** | **Area** | **Contact email** | **Contact number** | **Address** |
| Richmond Fellowship (Life Links) | Leicester City, Blaby, Oadby & Wigston | [Richmond.fellowshiplifelinks@nhs.net](mailto:Richmond.fellowshiplifelinks@nhs.net) | Freephone number 0800 023 4575 | 1st Floor, 60 Charles Street  Leicester, Leicestershire, LE1 1FB |
| Mental Health Matters | Charnwood, North West Leicestershire, Hinckley & Melton | [leicestershire.andrutland.mhm@nhs.net](mailto:leicestershire.andrutland.mhm@nhs.net) | SPOA free phone 0300 3230 189 | Swithland Suite The Crescent, 27 King Street, Leicester LE1 6RX |
| VASL | Harborough | [Harborough.mindmatters@nhs.net](mailto:Harborough.mindmatters@nhs.net) | 01858 411383 | 1st Floor Torch House, Torch Way, Market Harborough, Leicestershire LE16 9HL |
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| **Services funded by:** | | | | |
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| **Internal use only:** | | | |
| **Date received:** |  | **Date actioned:** |  |
| **Assigned to:** |  | **Outcome:** |  |
| **Signed:** |  | **Date:** |  |