OFFICE USE ONLY Date Received: RIS ID:

Applicant’s details

Mr / Mrs / Miss / Ms / Other:

Full name: Date of birth:

Current address:

Contact Tel no(s): Email address:

**Emergency Contact:**

Name: Relationship to you:

Tel. No:

Referrer’s name (if applicable) – You can self-refer

Name: Contact:

Organisation:

Position / Relationship: Tel no:

Health related information

Primary Mental health diagnosis (please include dates):

Other mental health issues:

Other relevant health related information and/or access support needs **(please circle or underline):**

|  |  |
| --- | --- |
| Sensory and communication requirements | **Yes No** |
| Visual Impairment | **Yes No** |
| Able To Read | **Yes No** |
| Able to understand information provided/ mental capacity | **Yes No** |
| Hearing Impaired | **Yes No** |

If Yes, please state requirement where relevant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies? YES NO

If YES, please give details below:

Eligibility criteria

Please read the Bridge eligibility criteria below before you make a referral to the service.

1. Adults over the age of 18 years
2. Have a diagnosed mental illness as a primary diagnosis.
3. No forensic history in last 2 years.
4. Residents of the London Borough of Harrow (other Borough clients can come if LA will fund).
5. Risk Assessment is assessed by Mental Health Recovery Worker as suitable for a recovery day service with vulnerable people (i.e. risks in last year need to be at least medium or lower) – particularly if linked to risk to self or others.
6. Able to manage self-care (use of toilet, able to access and move around building).
7. Service user is focused and able to engage in activities and motivated to work towards goals and recovery – choose and commit to at least 2 activities.
8. Able to get themselves to and from the service safely.

Referral eligibility criteria met

**Please also note that from 1st November 2018, there will be a £5 charge for any new Bridge attendees and members for an access card (plus additional charge for any replacement cards)**

Risk Assessment Provider

Please note that the application form has to be **accompanied by a current (within 6 months) risk assessment** from your mental health care provider (Psychiatrist, Care Co-ordinator, Psychologist, GP, IAPT or Support Worker etc.) and we will not be able to proceed with the referral until we receive this information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am not receiving any support from mental health provider and request a Bridge risk assessment only

Diversity monitoring

Marital Status: Religion & Belief:

Ethnicity: Sexual Orientation:

No. of Dependent Children: Do you have any caring responsibilities? YES / NO

If YES, please give details

Reason for referral

What would you like to achieve through attending The Bridge?

**Please tick at least one Bridge activity you are interested in attending.** Referrals will not be processed if an activity has not been ticked. There is, however, a chance to discuss or change your mind about activity selected during your 121 assessment

|  |  |  |
| --- | --- | --- |
| **Activity** | **Days/Times** | **Tick if interested in joining group** |
| Coffee morning | Monday 11AM-12PM or  Tuesday 11AM-12PM |  |
| Art**- £5 for materials or personal budget required** | Monday (beginners) 12PM-4PM  Thursday 10:30AM to 12:30PM |  |
| Music group | Wednesday 12PM-3:30PM |  |
| Jewelry group | Friday 10:30AM-12PM |  |
| Women’s Group | Tuesday 12:30PM - 13:30PM |  |
| Bereavement Support Group | Monthly Thursday 1PM-2PM |  |
| Yoga and meditation | Friday 11AM-12PM |  |
| Quiz | Thursday 2PM-3PM |  |
| Friday shake off- fun movement and body awareness exercises | Friday 12PM-1PM |  |
| Chronic pain group | Monthly Wednesday 1PM-2PM |  |
| Gym  Leisure Centre target gym £2  Bridge gym  Virtual gym- yoga, zumba, meditation, cardio | Tuesday and Thursday 2PM  Thursday 12PM  Tuesday and Thursday 3PM |  |
| Gardening | Tuesday 1PM-3:30PM |  |
| Creative Writing | Wednesday 1.30PM-3PM |  |
| Film Club | Tuesday 1:30PM to 3:30PM |  |
| Board Games | Friday 1:30PM-3:00PM |  |
| Reading Group | Tuesday 1:3PM -3:00PM |  |
| 7 aspects of recovery | Friday 11AM-12PM |  |
| WhyFI (Why feel Isolated) hearing voices, paranoia and unusual beliefs peer support group | Fortnightly Thursday 12.30PM-13.30PM |  |
| Living life to the full/ Breaking Social Isolation Groups | Rolling programme  **£12/ session or Personal Budget required** |  |

**Please note** – if any activities are shaded in orange on our programme you do not need to go through the assessment process as they are provided by an external provider. They may have their own referral process, cost or need a personal budget.

Others involved in your care and support

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Address** | **Contact details** |
| Bentley House - Care-Coordinator or Psychiatrist |  |  |  |
| GP |  |  |  |
| Family or Friend\* |  |  |  |
| Others  (please specify) |  |  |  |

* \*There may be Rethink services in the area that offer support to your carers. Please tick the box to enable us to pass on details of these carers’ services to the person(s) identified. All information passed on will be done so in line with Rethink’s Confidentiality Policy and the Data Protection Act 1998.

How would you prefer us to communicate with you? (Please tick below)

Phone Letter Email

We will try to communicate with you by your preferred option but there may be times when we are unable to do so.

Referrer’s signature **(if applicable)**

Signed: Date:

Print Name:

Please ask referee to sign consent on next page and return the Referral Form and Risk Assessment to [Julie.proudley@rethink.org](mailto:Julie.proudley@rethink.org) and [thebridge@rethink.org](mailto:thebridge@rethink.org) and call 0208 427 8528 if any questions

Once we have received **both** your referral and risk assessment, we will invite you in for a formal assessment to see if you will be suitable and eligible for this service.

**What to expect at The Bridge and what is expected of you**

Members of staff at The Bridge aim to create and maintain a safe and healthy environment to support people with a range of mental health issues. We ask all new Service Users joining The Bridge to read and agree the following before they start using the service.

**What You Can Expect**

* All staff, volunteers and people accessing the service have the right to be treated with respect, dignity and to experience a good quality service.
* The service will be run according to health and safety and safeguarding law. Any issues raised will be dealt with quickly and efficiently to make sure that I am kept safe on the premises.
* I have the right to know that my information will be given in confidence and will be treated in accordance with the Data Protection Act and under Rethink Mental Illness’ confidentiality procedures, which will be explained to me by a member of staff.
* If I have any feedback on the service, I will be able to raise my views directly with the staff team as well as by accessing our Complaints, Compliments and Comments procedure.

**What We Expect of Bridge Attendees**

* To respect other Service Users and members of staff at The Bridge (including others religious, cultural and political beliefs) and to not act in a manner that causes or is likely to cause any upset or distress to other service users and to help sustain a positive environment at the service.
* To let members of staff at The Bridge know if you are not feeling well, need support or have any concerns for your health and safety
* To engage with agreed groups & activities at the Bridge and let a staff member know if I wish to leave or join a group or decide to stop attending The Bridge for any reason.
* To not go within restricted/staff only areas (e.g. behind the reception desk, staff office, etc.).
* To only smoke in the designated smoking area (by the gate of the car park) and nowhere else on the premises (including the garden and (front entrance).
* To not attend the service under the influence of any substances such as alcohol or drugs.

|  |
| --- |
| Client consent |

I consent for the information contained in this form to be shared with Rethink Mental Illness

I agree to the expectations for Bridge attendees

Client’s name: Client’s signature:

Please note- If you are accepted as a Bridge service user following assessment but do not follow expectations then your ability to attend activities at The Bridge will be reassessed in line with our suspension and withdrawal policy