

Swindon and Wiltshire Support After Suicide Service Referral Form

Rethink
Mental
Illness.

It is really important that we fully understand your needs and ensure that we are the right service for you.

If you would like some help completing this form, you could ask someone else to complete this on your behalf, or you can call us and we can complete this over the phone with you.

You can call us Monday – Friday 9am-5pm on **08082 803528** or you can email us at **SandWsupportaftersuicide@rethink.org**



Contact Details

Title:

Date of birth:

Address:

Full name:

Postcode:

Email address:

Phone number:

Referrers name and service name:

Using the boxes below, please tell us if you would like to receive support using a specific language or/and you have any other support needs

Physical

Sensory

Learning

Mental Health

Language

Please specify



We want to make sure our service is accessible to everyone. The following information really helps us to improve this. **Completing this is optional.** If you do decide to complete this - **thank you.**

Ethnicity:

Religion:

Gender:

Marital status:

Sexual orientation:



Bereavement Information

Relationship to the person you have lost:

How long has it been since the bereavement? (We can only provide support if your loss is within the last 2 years). Is there anything specific you think you need support with?

Would you like support provided virtually, in person or a mixture?

Virtually

In person

Mixture

The majority of support will be provided Monday – Friday 9am-5pm – however we can provide support up to 8pm in the evening for people who work or study during the day or at the weekend. Do you need support to be delivered weekdays 5pm-8pm or weekends?

Yes

No

Do you have responsibility for any children and young people?

Yes

No

Please use the box below to tell us a bit more about how you are coping with the bereavement and how this is affecting you?

Do you have any concerns about your own safety or feel at risk from anyone? Do you have any concerns about the safety of someone else? **If yes, please tell us about this below**



Preferred Method of Contact

How would you like us to make initial contact with you?

Phone

WhatsApp

Text

Email

I confirm that I agree to Rethink Swindon and Wiltshire Support after Suicide service to hold information about me, and to share or exchange information with other service providers about me and on my behalf in order to provide me with support. **If you are under 16 a parent or guardian must sign for you.**

Signed:

**Please return this form to
SandWsupportaftersuicide@rethink.org
SWSASS Referral Form October 2023**