

CONFIDENTIAL

Education & Employment Service Referral / Application Form

Note to referrers: Please ensure that this form is completed with the applicant and that they sign it before it is returned to the Employment Service (If you need help or advice in completing this form please contact the Employment Service on 020 8985 4239).

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS.

1. APPLICANT'S DETAILS

Title:

Name:

Date Of Birth: / /

Home Address:

Contact Address:
(If different from home)

Telephone Number:

Mobile Number:

National Insurance Number:

2. REFERRER'S DETAILS

(Leave blank if this is a self-referral and move on to section 3)

Name:

Relationship to Applicant:

Organisation:

Address:

Telephone Number:

Are you the applicants Care Co-ordinator?

YES

NO

3. OTHER MENTAL HEALTH SERVICES INVOLVED IN YOUR CARE

Do you have contact with any other mental health professionals or services, e.g. Psychiatrist, Social worker, CPN, GP, Drop-in centre, Resource/Day Centre, etc?

Please give full details (Name, Address and Telephone Number of your main contact at each service):

1.

2.

3.

4.

4. EMPLOYMENT DETAILS

Are you unemployed?

YES NO

Do you have the right to work in the UK?

YES NO

5. OTHER INFORMATION: Please use this space to tell us anything else you think is important in terms of this application (*English fluency, physical disabilities, substance misuse, any special requirements, etc*):

6. PLEASE INDICATE WHICH AREA(S) YOU ARE INTERESTED IN:

Employment (full or part-time) ESOL (English for Speakers of Other Languages)

Numeracy (maths) Information Technology (computing)

Voluntary Work Literacy (reading and writing)

Work Experience Work Preparation Workshops

Other Training / Education Not Sure

PLEASE GIVE DETAILS:

WHAT SUPPORT WOULD HELP YOU TO DO THIS?

7. HAVE YOU USED, OR BEEN REFERRED TO, CITY AND HACKNEY MIND'S EMPLOYMENT OR EDUCATION SERVICES IN THE PAST?

YES NO

8. I confirm that the above information is correct and I give my permission for the Employment Support Team to request information that may be relevant to my application from other mental health workers involved in my care, e.g. *discharge summary / risk assessment*.

Applicant's Signature:

Date: / /

Please return this form to: Eileen Williams, Administrator, City and Hackney MIND,
Education and Employment Services, 8-10 Tudor Road,
London, E9 7SN.

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MONITORING INFORMATION

We are trying to ensure that our services are accessible to everyone. In order to do this, we are gathering information about the gender and ethnic background of our clients. This information will be used for statistical purposes only and is strictly confidential.

1. APPLICANT'S NAME: _____

2. WHAT IS YOUR ETHNIC GROUP?– Please use one of the categories below:

A. I am White

- White – British
- White – Irish
- Any other White background

Please state: _____

B. I am Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

Please state: _____

C. I am Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian or Asian British

Please state: _____

D. I am Black or Black British

- Caribbean
- African
- Any other Black or Black British

Please state: _____

E. I am Chinese or Other Ethnic Group

- Chinese
- Any other Ethnic Group

Please state: _____

3. GENDER: Male Female

4. DISABILITY: Under the definition in the 1995 Disability Discrimination Act, do you consider yourself to be disabled? (A physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out day to day activities).

Yes No