# Staying Well Worthing Referral Form

Staying Well Worthing is a mental health crisis prevention service, offering support out of hours when other services aren’t available. This form can be used to refer yourself, or by someone else to make a referral into the service. For more information see the service leaflet or go to [www.westsussexmind.org](http://www.westsussexmind.org). **The completed form should be emailed to:** [**stayingwellworthing@sussexpartnership. nhs.uk**](mailto:stayingwellworthing@spft.nhs.uk)

**n.b. Referrals from Sussex Partnership should use the SPFT Staying Well checklist**

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| --- | --- | --- | --- | --- |
| **Details of person being referred/self-referring** | | | | |
| **Name:** | **Address:** | | | |
| **D.O.B:** |
| **Landline:** |
| **Mobile:** |
| **Email:** |
| **GP details:** | | | | |
| **Do West Sussex Mind have consent to make contact?** | | **Yes:** | | **No:** |
| **Is this a self-referral?** | | **Yes:** | | **No:** |
| **If no, referrer details:** | | | | |
| **Reason for referral to Staying Well.**  *What are you/they hoping to get out of using Staying Well service? Why will help to stay well/prevent need for clinical crisis services?* | | | | |
| **Outline of mental health needs, problems and current issues and needs.** *What is the current situation? Is there a mental health diagnosis?* | | | | |
| **Are you/they currently receiving support from any other services?** *e.g. SPFT, Turning Tides, Pathfinder etc…? If yes please give name and contact details.*  **Do we have consent to contact these other services? Yes  No**  *Please note that if we do not have consent we may not be able to progress the referral.* | | | | |
| **Are there any current issues or risks that might affect engagement with the service?** *e.g. violence, behaviour substance misuse etc?* | | | | |
| **Are there any health or medical issues we need to be aware of?** *If yes please give details.* | | | | |
| **Please provide any additional information that might help us with this referral:** *Please share a copy of any current assessment, support plan or other relevant documents as appropriate* | | | | |
| **Data Processing Statement** | | | | |
| Any personal information you share with West Sussex Mind will be kept secure and used in line with the General Data Protection Regulation (GDPR). We may also make contact with other people who hold information about you to discuss your referral, or access records about your support. This information will only be used to assess your needs and the services that you may benefit from. Information about you will be kept confidential and will not be disclosed to third parties without your prior consent except where required by law, or where we are concerned about your safety or the safety of others. You can withdraw or change your agreement for West Sussex Mind to hold or process your personal information at any time. You can also ask to see the information West Sussex Mind holds about you. More information about how West Sussex Mind stores and uses your data is available on our website: [www.westsussexmind.org](http://www.westsussexmind.org) or from our Head Office on 01903 277000. West Sussex Mind is a Registered Charity, number: 1155918. We are registered with the Information Commissioner's Office, registration number Z7760180. | | | | |
| **Self-referral:** Please tick to confirm that you have read the data processing statement and consent to West Sussex Mind processing your information  **Referral:** Please check to confirm that the person being referred has read and understands the data processing statement, and consents to West Sussex Mind processing their information | | | | |
| **Signature:** | | | **Date:** | |