

Mind at Work Self-Referral Form
CONFIDENTIAL

The Mind at Work project aims to support individuals to access work, volunteering or training opportunities. The team will offer skills employability skills training, emotional support and mentoring. If you feel this service will be of benefit, please fill in the details on this form and return it to the employment support coordinator at Mind. Do not worry if you are unable to fill in all the details.

If you are supporting someone to access the service, this form is intended to be completed jointly with the person who wishes to register.

Personal Details

Title.....First Name.....Surname.....

Date of Birth.....

Address.....

.....

.....

.....Postcode.....

Contact Telephone number (Home & Mobile).....

.....

Email.....

Emergency Contact details: Name.....

Contact number..... Relationship.....

Referring Agency (if applicable)

Name of referrer.....

Job title.....

Name of Agency.....

Address.....

.....

Phone number.....E mail

G.P.....

C.P.N. / Social Worker.....

Psychiatrist:.....

Other:.....

Physical Health

Please describe any physical illness or disability that may affect you. You can use this space to tell us about any access requirements you have if this applies to you....

Mental Health

Please describe any mental health issues that you are/have experienced. You can include anything that you think is relevant. These details will help us to support you better...

What areas of employment support are you interested in (please tick as many as you want)?

Employability skills
(C.V writing, Interview techniques, presentation etc)

Training

Volunteering

Work experience

Please use this space if you would like to give us more details about any boxes you have ticked...

You can use this space to give us any more details that you think are relevant...

Declaration: I hereby confirm that, to the best of my knowledge, the details given in this form are true.

I agree that the information that I have supplied be kept confidentially using the guidelines of the Data Protection Act.

Signatures

Applicant.....Date.....

Referrer(if applicable)..... ..Date.....

Please return this form to the Employment Support Coordinator at:

Mind at Work,
Hillingdon Mind,

Alternatively you can send it via email to:
Employment Support Coordinator: evelyn@hillingdonmind.org.uk

Aston House,
Redford Way,
Uxbridge,
Middlesex.
UB8 1SZ

Employment Outreach Worker: phil@hillingdonmind.org.uk

For more information please contact the Mind at Work team:

☎ Telephone: 01895 271559 Fax : 01895 811355
Evelyn Cecil: 0758 7033 037
Phil Puttock: 0758 7033 038

FOR OFFICE USE ONLY	
DATE RECEIVED:	DATE CONTACTED:
DATE OF FIRST APT:	ATTENDED Yes <input type="checkbox"/> No <input type="checkbox"/>
REFERRAL ACCEPTED Yes <input type="checkbox"/> No <input type="checkbox"/>	

