



SUPPORTING THE HEALTH
AND WELLBEING OF THE
ARMED FORCES
COMMUNITY AND CIVILIAN
FAMILIES IN CORNWALL



Changing Minds – Referral Form

All information entered on this form will be treated, and stored, confidentially in accordance with current data protection legislation under ICO reference: Z3463898

Agency Referral - Please complete Part 1 onwards	Self-Referral – Please complete Part 2 onwards
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Part 1

Name of Person making the Referral

Job Role

Contact Telephone Number

Contact E-mail Address

Name of Referring Agency

Agency Postal Address

Referral Date

Name and Contact Details of Case Manager/Care Co-ordinator, if applicable:

Part 2 - Client Details

First Name

Surname

Date of Birth

Address

Preferred method of contact:

Phone

Mobile

E-Mail

Post

Telephone

Mobile

Email

Partner Details (If applicable)

Name	
Phone	

Relationship (Tick as appropriate)

<input type="checkbox"/> Wife/Husband
<input type="checkbox"/> Civil Partner
<input type="checkbox"/> Girlfriend/Boyfriend

Names and ages of any children;

Emergency Contact (If different from above)

Contact Details including name and telephone number;

GP Details	GP Address
Name:	
Telephone:	

Client's list of current Medication (if applicable)

Risk Issues

Ethnicity (Highlight as applicable)

White: (English/British/Scottish/Irish)

Mixed/Multiple ethnic groups: (White & black Caribbean/white & black African/white and black Asian)

Asian/Asian British: (Indian/Pakistani/Bangladeshi/Chinese/any other Asian background)

Black/African/Caribbean/Black British: (African/Caribbean/Any other black background)

Other ethnic groups: (Arab/Cornish/any other)

Prefer not to answer:

Sexuality: (Highlight as appropriate)

Heterosexual / Lesbian / Gay / Bisexual / Any other – Please describe / Prefer not to answer

Brief reason for referral:

Part 3 – General Information

What is your current Employment Status?

- Currently employed
 Unemployed
 Retired
 Unable to work
 Looking for employment
 Not looking for employment

Are you interested in getting advice on any of the following matters?

- Debt & Benefits advice
 War pension review/application
 Alcohol/Drug misuse
 Volunteering
 Psychological Therapy
 Employment/Training
 Other (give details)

If you are, or have ever been, a member of the Armed Forces or Blue Light Emergency Services, please complete the following, otherwise move on to **Part 4**.

Service Type (tick as appropriate)		Service Number					
<input type="checkbox"/> Royal Navy	<input type="checkbox"/> Royal Marines						
<input type="checkbox"/> Army	<input type="checkbox"/> RAF	Date of Joining			Date of Leaving		
<input type="checkbox"/> Police	<input type="checkbox"/> Fire Service						
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Reserves						

Brief Service History

Part 4 – Confidentiality Agreement and Declaration

Relationships at Surf Action are based on trust and mutual respect. All Surf Action’s employee’s, and volunteers are expected to respect the right of service users and of other employees and volunteers to privacy and confidentiality as far as possible within the constraints of legal requirements and the safety of other people. We are registered with the ICO and comply with the Data Protection Act.

Where one-to-one support is offered, confidentiality will be held within the Surf Action Psychological Wellbeing Support Team. Please ask a member of the team if you have any issues or wish to see our policies.

I declare that the information I have provided on this form is accurate to the best of my knowledge.

Client’s Name..... Client’s Signature.....

Referrer’s NameReferrer’s Signature.....



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