BWell Self-Referral Form

Large font or screen reader friendly versions of forms are available on request.

Please call us on **020 7267 1321**

Thank you for contacting us about our BWell Coaching Programme.

Please complete this form, giving as much information as you can, and email the form to

[bwell@brandoncentre.org.uk](mailto:counselling@brandoncentre.org.uk)

If anything in the form needs explaining or you need help completing the form, please call Brandon Centre on **020 7267 1321** and a member of staff can go through the form with you.

Once we have received your form, we will let you know whether you have been accepted onto our coaching programme. It is possible that someone at Brandon Centre may call you asking for more information about your referral. This is so that we have the necessary information to make sure that you are provided with the right kind of support.

Please ensure you update us if your contact details change as we will send emails, texts and (in some cases) letters confirming your assessment time and date.

We are only able to offer appointments to people aged 12 - 24 who have a Camden or Islington GP or home address.

*Please tick the appropriate box below.*

Camden Islington

Need help immediately?

Please note that we are not an emergency service. If you or someone you know needs urgent support please contact your GP or go to the nearest hospital A&E. If you are under 18, you can call the CAMHS 24/7 crisis line for under 18s on 0800 151 0023; or if you are over 18 you can call the 24 hour Mental Health Crisis Line on 0800 917 3333.

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| --- | --- | --- | --- | --- | --- | --- |
| **Young Person’s Details** | | | | | | |
| Referral Date: DD / MM / YYYY | | | | | | |
| First Name |  | | Surname | | |  |
| Date of Birth | DD / MM / YYYY | | Age\* | | |  |
| Gender |  | | Ethnicity | | |  |
| Telephone number |  | | | | | |
| Email address |  | | | | | |
| Borough | Camden | | | Islington | | |
| Home Address |  | | | | | |
| Postcode |  | | | | | |
| Are you happy for us to send letters to your home address? | Yes | | | | No | |
| What is the best way to contact you? | Phone | Email | | | Post | |
| Are you currently in education, employment or training? | Yes | | | | No | |
| If yes, where? |  | | | | | |
| How did you hear about Brandon Centre? |  | | | | | |

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| --- | --- | --- | --- |
| **Other Services** | | | |
| What is the name of your GP practice? |  | | |
| Do you see a regular GP, if so what is their name? |  | | |
| Are you happy for us to contact your GP to let them know about your referral? | Yes | | No |
| Have you received counselling or mental health support from other services: (e.g. CAMHS; iCope; the crisis team etc) | Yes | Name of service: | No |
| If yes, please give us some information about the help you received |  | | |
| If yes, do you give us consent to contact any of these services? | Yes | | No |
| Have you or your family ever had support from Social Services? | Yes | Name of service: | No |
| If yes, do you give us consent to speak to Social Services? | Yes | | No |

**Information**

*Please type your response in the spaces below:*

**Coaching is a non-judgmental space for you to make change in your life that would improve your wellbeing.**  **Please could you explain what you would like to gain out of your coaching sessions** *(e.g. what would you like to be different in your life?).*

**Can you tell us about your living situation?** *(Where are you living? Who is at home? Is your living situation a problem at the moment?)*

**What would be your availability for coaching?**

Monday : Morning Afternoon Evening

Tuesday : Morning Afternoon Evening

Wednesday : Morning Afternoon Evening

Thursday : Morning Afternoon Evening

Friday : Morning Afternoon Evening

**Information**

**Many people who are feeling distressed, down or stressed have thoughts or urges to hurt themselves.**

**Are you currently experiencing thoughts of ending your life?** Yes No

**If yes, do you feel you can keep yourself safe?** Yes No

If you do not feel able to keep yourself safe and need urgent support please contact your GP, or go to the nearest hospital A&E. If you are under 18, you can call Childline any time 24/7 on **0800 1111**; or if you are over 18 you can call the 24 hour Crisis Line on **020 3317 6333**.

**If you’ve experienced thoughts of suicide in the past, or attempted to take your own life, please provide details below, including**

**services you’ve accessed:**

**Have you ever experienced thoughts of self-harm?** Yes, currently

Yes, in the past

No, never

**Have you ever acted on thoughts of self-harm?** Yes, currently

Yes, in the past

No, never

**If you have deliberately harmed yourself in the past, please provide details below, including services you’ve accessed:**

**Is there a concern about drug or alcohol use?** Yes No

**If yes, please tell us a bit more about this concern:**

**Is there anything else you think is important for us to know about in relation to your care? (E.g. disabilities or problems in travelling to certain areas)**

|  |  |  |
| --- | --- | --- |
| **Your ethnic group** *(Please choose one of the sections below and tick your group)* | | |
| Any other ethnic group  Please state Prefer not to say  Unknown | **White**  White British White Irish  Any other white background | **Mixed**  White & Black Caribbean White & Black African White & Asian  Any other mixed background |
| **Asian/Asian British** | **Black/Black British** | **Chinese or other** |
| Indian Pakistani Bangladeshi  Any other Asian background | Black Caribbean Black African Black British  Any other black background | Chinese Middle Eastern Any other |