

Referral Form

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| I am signing up for:  | [ ]   | Myself |
| [ ]   | A friend or family member |
| [ ]   | A patient or a client (please complete referrer details below) |
| Date of referral  |  |
| Name of referrer: |  |
| Referring organisation: |  |
| Referrer telephone number: |  |
| Referrer E.mail address: |  |

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| --- | --- |
| First Name: |  |
| Surname: |  |
| Date of Birth: |  |
| National Insurance Number: |  |
| NHS Number: (typically 10 digit number) |  |
| Email address: |  |
| Mobile number: |  |
| Telephone number: |   |
| Full address: (including Postcode)  |  |
| Next of Kin Details: (Person who can be contacted in an emergency) |
| First Name: |  |
| Surname: |  |
| Contact number: |  |
| Relationship to you: |  |



|  |  |
| --- | --- |
| Gender: (Male/Female/Other/Pref not to say) |  |
| Ethnicity: Asian or Asian BritishBlack/African/Caribbean Mixed/Multiple ethnic group Other Ethnic groupWhite |  |
| Which of the following areas is your GP in?:BirminghamSolihullCoventryRugbySandwellWolverhamptonDudley or WalsallOther (Please add details) |  |

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| GP Practice name and address (Including postcode if possible): |
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| Where did you hear about Thrive Into Work?  |
| [ ]   | Through a Primary care provider (for example GP Surgery, IAPT)……… …………………………………………………………………………………… |
| [ ]   | Through a Community Health care provider (Please state which one)…………………………………………………………………………………………… |
| [ ]   | Through a Community Non-Health Organisation (Please state which one)…………………………………………………………………………………………… |
| [ ]   | Job Centre (Please state which one)…………………………………………………………………………………………… |
| [ ]   | Friends or Family  |
| [ ]   | Other (Please state details): …… ………………………………………………………………………………………… |
| **Is there anything else we should know at this stage?**Please provide brief description of your current situation |  |



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| --- | --- |
| [ ]   | Please confirm that you are 18 years or older.  |
| [ ]   | Please confirm that you have a health condition or disability that you believe impacts your ability to gain or retain work. |
| [ ]   | Do you have right to work documents such as passport, Work permit, Visa documents, Permanent resident card, Biometric immigration document, Immigration status document and have an entitlement to public funds? |
| [ ]   | Please confirm that you are not currently signed up to a Work and Health Programme or another government funded programme such as Restart/JET |
| [ ]   | Are you unemployed and interested in finding employment? |
| [ ]   | **Are you currently employed and been in employment for at least 6 months, and working a minimum of 7 hours per week, but at risk of losing your job or on a period of sick leave?** |

Please return this form to Thrive@shaw-trust.org.uk

 If you have any questions, please call 0808 178 3354

*For office use only*

**Identification Check**

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| * Confirmed DOB
* Confirmed Postcode
* Confirmed NI/NHS No
* Current Valid Passport
* Full Birth / Adoption Certificate
* Biometric Residence Permit UK
* Drivers Licence
* VISA / Work Permit UK
 | ***Document must be less than 3 months old**** Benefit Statement
* Utility Bill (not mobile telephone)
* Letter from Job Centre confirming entitlement to benefits
* HMRC Notification
* Bank Statement (not printed from internet)
 | ***Document must be less than 12 months old**** Council Tax Statement
* P45
* P60
* Financial Statement i.e. Pension / ISA
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