

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: |  |



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| Gender:  (Male/Female/Other/Pref not to say) |  |
| Ethnicity:  Asian or Asian British  Black/African/Caribbean  Mixed/Multiple ethnic group  Other Ethnic group  White |  |
| Which of the following areas is your GP in?:  Birmingham  Solihull  Coventry  Rugby  Sandwell  Wolverhampton  Dudley or Walsall  Other (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](mailto: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 |

