** Off Centre at Family Action **

**Self Referral Form**

Off Centre is not a crisis service

If you are worried about your mental health and feel that you are unable to keep yourself safe please call City and Hackney Mental Health Crisis line on 0800 073 0006 or the Samaritans on 116 123.

In an emergency please call 999 or attend your nearest A&E department.

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| SELF - REFERRAL FORM: \*Young people must be 16-25yrs old and be registered with a City & Hackney GP to access Off Centre\* |
| **Name:** |  | **Surname:** |  |
| **GP surgery:** |   | **Age:**  |  | **Date of Birth:** |  |
| **NHS number (if known):** |  |
| **Gender:** Male[ ] Female [ ]  Non-Binary [ ]   Other [ ]  Please state: | **Do you identify as trans?**Yes [ ]  No [ ]  Not sure [ ]  Prefer not to say [ ]  |
| **Pronouns:** |  | **Religion / Belief:**  |  |
| **Ethnicity:** |  | **Nationality:** |  |
| **Sexuality:** | Heterosexual (straight)[ ] Bisexual [ ]  Gay or Lesbian [ ]  Not sure [ ] Prefer not to say [ ]  Other [ ]  Please state: |
| **Address:**  |  | **Postcode:** |  |
| **Living situation:** e.g. in hostel, with family, homeless |  |
| **Contact number:** |  | **Email address:**  |  |
| **Is it okay to receive texts / voicemails / emails?**  Yes [ ]  No [ ]  if no, please give further details: |
| **School / College / Occupation:** | In education [ ]  In employment [ ]  Not in education or employment [ ] Name of education establishment: |
| **Name of person(s) with parental responsibility: (\*If YP under 18):** |  |
| **Main Carer(s):** Mother [ ]  Father [ ]  Grandparent [ ]  Step Parent [ ]   Guardian/Other [ ]  Foster Parent [ ]  Resident Key Worker [ ]  |
| **Do you have any children?** Yes **[ ]** No **[ ]** If yes, please give name of child(ren) and date(s) of birth: |
| Are you pregnant?  | Yes **[ ]** No **[ ]**  Please state: |
| Do you have learning disability? | Yes **[ ]** No **[ ]**  Please state: |
| Do you consider yourself to have any developmental, medical or physical conditions?  | Yes **[ ]** No **[ ]**  Please state:If yes do you have any access needs? |
| AREAS OF SUPPORT (PLEASE TICK AS MANY THAT APPLY) |
| Low mood [ ]  Anxiety [ ]  Identity [ ]  Relationships [ ]  Trauma [ ]  Substance or alcohol misuse/dependency [ ]  Eating Issues [ ]  Abuse [ ]  Other, please state:[ ]   |
| **SUPPORT REQUESTED:** |
|  Talking Therapy [ ]  Creative arts Therapy [ ]  Advice & Information/Keyworking [ ]  Project Indigo (LGBTIQ+) [ ]  Unsure and would like to hear more **[ ]**   |
| **OVERVIEW OF SUPPORT**  |
| Why would you like to seek therapy? Please provide as much information as you can.  |
|  |
| **OTHER SERVICES THAT MAY SUPPORT YOU**  |
| Are you currently receiving / have you received support from any of the following services?  | **Currently:** Social Care [ ]  CAMHS [ ]  Adult Mental Health/Secondary Care Service [ ]  Neighbourhoods team [ ]  Specialist Psychotherapy Service [ ]  IAPT / Talk Changes [ ]  Young Hackney [ ]  Private Therapy [ ]  None [ ]  Other [ ]  (if other please detail)………………… | **In the past:**Social Care [ ]  CAMHS [ ]  Adult Mental Health/Secondary Care Service [ ]  Neighbourhoods team [ ]  Specialist Psychotherapy Service [ ]  IAPT / Talk Changes [ ]  Young Hackney [ ]  Private Therapy [ ]  None [ ]  Other [ ]  (if other please detail)………………… |
| If you are involved with other services for your emotional or mental health wellbeing please provide their contact details here:  |  |
| Are you ok with Off-Centre contacting services you are involved in?  | Yes [ ]  No [ ]  Not yet [ ]   |
| Are you or have you been in care or had involvement with social services in the past?  | Yes **[ ]** No **[ ]**  Please state (include name of social worker): |
| How did you hear about Off Centre?  |  |
| **CONSENT** |
| **If you are the young person:**I consent to Family Action:* Processing and storing my information given on the form in accordance with The Data Protection Act 2018 and

General Data Protection Regulation 2016/679 (GDPR).* Processing and storing the personal data I have provided and any supporting information that is required.

If my referral is accepted, Family Action can:* Seek information from other relevant professionals such as health, social care, education, housing, local authority, police, legal and voluntary services professionals.
* Share information with other relevant professionals such as health, social care, education, housing, local authority, police, legal and voluntary services professionals in order to support my needs.

\*Please note that if you do not consent, we will continue to offer you our support, but the services provided to you may be affected. You can discuss this with your allocated Off Centre staff member, and if you have any further queries, with a member of Off Centre Management Team on the details below. |
| Name (YP): |  | Signed (YP): |  | Date: |  |

Please hand this form into reception at Off Centre or email to **OffCentre@family-action.org.uk**

Off Centre at Family Action – Unit 7: The Textile Building, 29a-31a Chatham Place, London E9 6FJ

(entrance on Belsham Street)