

PRIVATE AND CONFIDENTIAL

Warwickshire Suicide Bereavement Support Service Referral Form



Referral			
Are you making a self-referral? YES/NO	Are you making this referral on behalf of someone else? If yes please include your: Name: Position: Relationship to the client: Contact Address: Contact Number:		

Title:		Address:	
Name:			
Surname:			
Date of birth:			
Age:		Postcode:	
Landline:		Mobile:	
Can we leave a voice message?		Yes	No
Can we text you		Yes	No

Would you like to receive information from The Kaleidoscope Plus Group via email? (We will only send information related to this service and you can ask us to stop at anytime) If yes please state which email address should be used:

GP information:	Who should we contact in an emergency?
GP name/ Practice:	Name:
Practice address:	Relation to you:
Postcode:	Contact number:
Telephone number:	

**Please return to The Kaleidoscope Plus Group, 321 High Street, West Bromwich, West Midlands, B70 8LU
or sppark@kaleidoscopegroup.org.uk**

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Do you have any medical conditions we need to know about? If yes, please specify:	
Please outline the primary reason for making the referral:	
What are your hopes in relation to how we will be able to support you?	
Please provide any additional information that you feel may be relevant:	

Monitoring is a vital part of helping us to shape our services. The information that you provide is confidential and is used anonymously for The Kaleidoscope Plus Group’s monitoring outcomes only. No personal details will be divulged to any third party. Thank you

How would you describe your ethnic origin? (Please tick)			
1. White British		10. Asian/ Asian British Bangladeshi	
2. White Irish		11. Asian / Asian British Other	
3. White Other		12. Black/ Black British Caribbean	
4. Mixed White & Black Caribbean		13. Black/ Black British African	
5. Mixed White & Black African		14. Black/ Black British Other	
6. Mixed White & Asian		15. Chinese	
7. Mixed Other		16. Other ethnic group	
8. Asian/ Asian British Indian		17. Refused to disclose	
9. Asian/ Asian British Pakistani			
Gender? (Please tick)		Male	Transgender
		Female	Other
How would you describe your sexuality? (Please tick)		Heterosexual (Straight)	Not sure
		Homosexual (Gay)	Not known
		Bi-sexual	Not stated

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What is your first language?				
How would you describe your religion or beliefs? (please state)				
Do you consider yourself to be disabled? If yes, please specify	Physical disability		Mental disability	
	Learning disability		Sensory disability	
Are you a carer? (Please tick)	Yes		No	
Do you have a carer? (Please tick)	Yes		No	
How do you describe your marital status? (Please tick)	Married		Separated	
	Single		Widowed	
	Divorced		Not stated	
Are you currently pregnant or on maternity leave? (Please tick)	Yes		No	
Do you have any children/dependants under 18, living with you?	Yes		No	
What is your work status?	Full-time employed		Part-time	
	Volunteering		Sick	
	Unemployed		Retired	

Additional Information

I give my consent for The Kaleidoscope Plus Group to retain this information and understand that it will be stored confidentially and handled in full compliance with the Data Protection Act 1998 and The Kaleidoscope Plus Group's policy on confidentiality.

I understand the importance of keeping staff updated on significant changes in my health and circumstances.

I understand that on occasions staff may request further information/advice from other persons involved in supporting me and I understand that on occasions staff may need to seek help on my behalf which has been explained to me.

Client Signature Date

Print name

Referrer signature Date:

Print name

For office use only:

UC#:		Name:		Date:	
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