WorkPlace Leeds
Employment • Job Retention • Training

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# Job Retention Referral Form

**This form should be completed fully and as clearly as possible or it may be returned.**

All of the information provided will be kept **PRIVATE** and **CONFIDENTIAL**

**PLEASE EMAIL, FAX OR POST THIS FORM USING THE CONTACT DETAILS ABOVE**

***Clients Receiving Job Retention Support From Another Organisation Will Not Be Accepted***

## 1. Basic Referral Criteria

**Please tick which service you are referring from and how your client meets the criteria**

**My client meets all the following criteria:**

- ☐ Age 18 years+
- ☐ In work, employment at risk
- ☐ Off sick from work

**And is being referred from the following service:**

- ☐ IAPT
- ☐ Aspire
- ☐ Crisis Assessment Service (**client must be in receipt of follow-up support from one of the other referrers listed)**
- ☐ Intensive Community Services
  - St Mary's House
  - Hawthorne House
  - Malham House
  - Newsam Centre
  - Aire Court
- ☐ Community Mental Health Team (**client must be receiving ongoing support**)

**IAPT ONLY –** (Please answer the following or the referral will be returned)

**Is the client being offered one of the IAPT treatment options?**

Yes ☐ No ☐

**If Yes what treatment option are they receiving / waiting for (please state):**

……

**If No then we are unable to accept the referral.**

**If a client is being discharged from Acute services they must engage with secondary services in order to access our service.**

## 2. Applicant's Details

| | | |
|---|---|---|
| Mrs / Mr / Ms / Other: | Surname: | Forename(s): |
| Date of Birth: | NI No: | Gender: |
| Tel No(s): | NHS Number: | |
| Address: | | |
| Email address: | | |

## Referrer's Details

| | |
|---|---|
| Name: | Profession: |
| Team/Service: | Telephone: |
| Email address: | |

## 4. CPA

**Is the client on Care Programme Approach (CPA) with a care coordinator? Yes ☐ No ☐**

**Name of Care Co-ordinator:**

## 5. Length of Care

**How long is your client likely to remain under your care?** **Months**

## 6. Other Support

| Which other agencies are CURRENTLY involved in the client's care? | GPs Details<br>Name:<br><br>Practice: |
|---|---|

## 7. Health

| *Mental Health Details* | *Physical Health Details* |
|---|---|
| | |

## 8. Employment

| Is the client currently employed? Yes ☐ No ☐ | Is the client off sick? Yes ☐ No ☐<br>How long has the client been off sick? |
|---|---|
| **Employer name and Job Title** | |
| **What are the main issues at work?** | |

## 9. General Relevant Information to Support Referral

**(reason for referral; client ability to remain in work)**

## 10. Other Issues

**Any cultural, social, communication or mobility issues that we need to be aware of (please specify)**

## 11. Communication Needs

**Does your client have difficulty with any of the following?: (please tick and provide brief details)**
**Hearing ☐**
**Memory, concentration, learning and understanding ☐**
**Speaking or using language ☐**

**Details:**

**HAVE YOU ATTACHED A CURRENT RISK ASSESSMENT FOR THE CLIENT?** Yes ☐ No ☐
(Without a current risk assessment the referral may be rejected).

**Signature** (Client) _____ **Date:**_____

**Signature** (Referrer): _____ **Date:** _____

| **FOR OFFICE USE ONLY** | |
|---|---|
| DATE RECEIVED: | DATE CONTACTED: |
| DATE OF FIRST APT: | ATTENDED Yes ☐ No ☐ |

## Diversity Information

**We use the following information to monitor how far our client group represents the diverse communities in Leeds, and to help us work towards fair access to our services for all groups.**

**How would you describe your ethnic origin? Please tick one box:**

- ☐ White British
- ☐ Irish
- ☐ White Other – please state: _____
- ☐ Mixed White & Black Caribbean
- ☐ Mixed White & Black African
- ☐ Mixed White & Asian
- ☐ Mixed Other – please state: _____
- ☐ Indian
- ☐ Pakistani
- ☐ Kashmiri
- ☐ Bangladeshi
- ☐ Asian Other – please state: _____
- ☐ Black Caribbean
- ☐ Black African
- ☐ Black Other – please state: _____
- ☐ Chinese
- ☐ Gypsy / Traveller
- ☐ Other – please state: _____
- ☐ Do not want to say

**How would you describe your Gender? Please tick one box:**

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Do not want to say
- ☐ Other – please state: _____

**How would you describe your sexual orientation? Please tick one box:**

- ☐ Heterosexual
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Do not want to say
- ☐ Other – please state: _____

**Do you define yourself as disabled? Please tick one box:**

- ☐ Yes
- ☐ Do not want to say
- ☐ No

**How would you describe your religion? Please tick one box:**

- ☐ None
- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Do not want to say
- ☐ Muslim
- ☐ Sikh
- ☐ Jewish
- ☐ Other – please state: _____

**How would you describe your relationship status? Please tick one box:**

- ☐ Married
- ☐ Co-habiting
- ☐ Civil partnership
- ☐ Single
- ☐ Do not want to say
- ☐ Other – please state: _____

**How would you describe your residency status? Please tick one box:**

- ☐ British citizen
- ☐ EU National
- ☐ Refugee
- ☐ Do not want to say
- ☐ Asylum seeker
- ☐ Foreign student
- ☐ Destitute
- ☐ Other – please state: _____