**Contact Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How can we help you?** (What support are you looking for?) | | | | | | | | | |
| **Name:** | | | | **Address:** | | | | | |
| **D.O.B:** | | | |
| **Gender:** | | | |
| **Landline:** | | | |
| **Mobile:** | | | |
| **Email:** | | | |
| **GP details:** | | | | | | | | | |
| **Emergency Contact:** | | **Name:** | | | | | | | |
| **Phone number:** | | | | | | | |
|  | | **Relationship to you:** | | | | | | | |
| **Please tell us how you would prefer for us to contact you:** *tick a box below* | | | | | | | | | |
| **Landline:** | **Mobile:** | | **Text:** | | | **Email:** | | | **Post:** |
| **Do you currently receive, or have you previously received any support for your mental health?** (e.g., Sussex Partnership NHS, Time to Talk, Change Grow live, Adult Social Care services) please provide details.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Risk Screen -** Please let us know about any current or past risks by ticking the boxes below:   |  |  |  |  | | --- | --- | --- | --- | | **Risk area** | **In the past 6 months** | **More than 6 months ago** | **Not applicable to me** | | Self-harm |  |  |  | | Suicide attempts |  |  |  | | Suicidal thoughts |  |  |  | | Violence or aggression |  |  |  | | Severe self-neglect |  |  |  | | Risk to children or vulnerable adults |  |  |  | | Any substance or alcohol misuse |  |  |  |   **Please use the space below to add any details about the risks or any recommendations about how you manage the risks:** | | | | | | | | | |
| **Any other relevant information?** *inc. physical health problems* | | | | | | | | | |
| **Registered disabled?** *please tick* | | | | | **Yes:** | | **No:** | | |
| **Next steps:**  ***What would you like to happen next?*** | | | | | | | | | |
| ***If you are referring on behalf of someone else please ensure that the person you are referring is aware that you are completing this form. Please give us your details below.*** | | | | | | | | | |
| **Relationship:**  **Contact Details:** | | | | | | | | | |
| **Is this a self-referral?** *please tick* | | | | | **Yes:** | | | **No:** | |
| **Referral source: How did you hear about us?** | | | | | | | | | |
| **Your signature:** | | | | | | | **Date:** | | |
| **Please complete this form and either email it to:**  [Horsham.Pathfinder@Waythrough.org.uk](mailto:Horsham.Pathfinder@Waythrough.org.uk)  Or post to: Waythrough (Horsham Pathfinder)                    70 Park Street                    Horsham RH12 1BX  If you have any queries, please ring: 01403 241866 | | | | | | | | | |
| *The information given on your application to receive Pathfinder services will be used for assessing your needs and the services you may benefit from. The information you give us will be kept confidential and your personal information will not be disclosed to third parties without your prior consent except where required by law. Access to sensitive personal data is strictly controlled and confined to staff with responsibilities in these areas. Any personal information collected by Pathfinder partners will be used in accordance with the General Data Protection Regulations (GDPR) 2018. Please see our Data Protection Policy for more information.* | | | | | | | | | |

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| **EQUALITY MONITORING FORM: Please tick or complete the relevant grey shaded boxes:** | | | | | | | | | | | | |
| **Do you consider yourself to have a disability?** | | | | | | | | | | | | |
| Wheelchair user/mobility impairment | |  | Dyslexia | | | |  | | Mental Health | |  | |
| Unseen disability, e.g. Diabetes | |  | Asperger’s syndrome/Autism | | | |  | | Blind/partially sighted | |  | |
| Learning disability | |  | Need personal care/support | | | |  | | No disability | |  | |
| Other | |  | *Please state:* | | | | | | | | | |
| **What is your ethnic group? Prefer not to say:** | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | |
| English/Welsh/Scottish/ Northern Irish | |  | Irish | | | |  | | White European | |  | |
| Any other white background | |  | *Please state:* | | | | | | | | | |
| Any other mixed/multiple ethnic background: | |  | *Please state:* | | | | | | | | | |
| **Asian/Asian British** | | | | | | | | | | | | |
| Indian | |  | Pakistani | | | |  | | Chinese | |  | |
| Bangladeshi | |  | Any other Asian background  *Please state:* | | | | | | | | | |
| **Black/Caribbean/African/Black British** | | | | | | | | | | | | |
| African | |  | Caribbean | | | |  | | Other Black/Caribbean/African background  *Please state:* | | | |
|  | |  | | | | |  | |
| **Other Ethnic Group** | | | | | | | | | | | | |
| Arab | |  | Any other ethnic group | | | | *Please state:* | | | | | |
| GRT (Gypsy, Roma, and Travellers) | |  |
| **Please tell us what category best describes your religion or belief** | | | | | | | | | | | | |
| Agnostic |  | Atheist | | |  | Baha’i | |  | | Buddhist | |  |
| Chinese (Confucian or Taoist) |  | Christian | | |  | Hindu | |  | | Humanist | |  |
| Japanese (Shinto) |  | Jewish | | |  | Muslim | |  | | Pagan | |  |
| Rastafarian |  | Sikh | | |  | Spiritualist | |  | | Do not wish to disclose | |  |
| Other | *Please state:* | | | | | | | | | None | |  |
| **What category best describes your sexual orientation** | | | | | | | | | | | | |
| Heterosexual | |  | | Gay | | |  | | Lesbian | |  | |
| Bisexual | |  | | Other sexual orientation not listed | | |  | | Asked but not sure | |  | |
| Not stated (person declined) | |  | | Not known | | |  | |  | | | |

*Humankind and Richmond Fellowship have merged to form a new charity, Waythrough, with Aquarius as their subsidiary. Humankind remains the legal entity operating as Waythrough pending legal and regulatory finalisation of our name change.  Humankind Charity (Humankind) is a company registered in England and Wales (Registered Charity No. 515755 Registered Company No 182 0492). Registered office: Inspiration House, Unit 22, Bowburn North Industrial Estate, DH6 5PF. VAT 413 2088 32, Social Housing Registered Provider 4713, CQC Registered Provider 1-126775024*