Lifeline Listening Referral Form

This referral is being completed on behalf of the clients' details below. Please be aware that you will be contacted if there is more information is needed about the client you are referring.

1. REFERRING AGENCY DETAILS:

Name of referrer	
Position	
Organisation	
Telephone/Fax	
Email	

2. CLIENTS DETAILS AND INFORMATION:

First name		**Forename**			
Also Known As		**Male**	❑	Female	❑
Date of Birth		**Telephone No**			
Address					
Post Code		**Email Address**			
Best Time to Contact Client:	Morning ❑	Afternoon ❑	Evening ❑		
Best Method of Contact:	Phone call ❑	Text Message ❑	Email ❑	Letter ❑	

Client's Ethnicity:

White		**Mixed**		**Asian or Asian British**		**Black or Black British**		**Other Ethnic groups**	
British	☐	White/ Black Caribbean	☐	Indian	☐	Caribbean	☐	Chinese	☐
Irish	☐	White/Black African	☐	Pakistani	☐	African	☐	Any other ethnic group (please specify below)	
European	☐	White/Asian	☐	Bangladesh	☐	Any other Black background - please specify below ☐			
Any other white background - please specify below ☐		Any other mixed background please specify below ☐		Any other Asian background - please specify below ☐				Not stated ☐	
						Religion:			

REASON FOR REFERRAL: (Please tick all that apply)

Anxiety (Worry)	❑	Low Mood	❑
Covid-19	❑	Pre/Postnatal Depression	❑
Coming to terms with loss (Bereavement)	❑	Relationship Breakdown (Separation/Divorce)	❑
Caring Responsibilities	❑	Recently made redundant	❑
Depression	❑	Struggling to gain employment	❑
Isolation/Loneliness	❑	Stress at Work	❑
Lack of Motivation	❑	Stress at home	❑
Life issues	❑	Other	❑

3. REASON FOR REFERRAL

Please can you provide as much detail as possible based on the areas ticked above, please be advised that individuals with moderate to high mental illness may not be suitable for our service, due to the need of safeguarding our volunteers. The more information you provide the more likely the referral will be accepted.

4. OTHER KEY/OTHER AGENCIES INVOLVED

Agency/Support Type	Please State	Agency/Support Type	Please state
Health Visitor		Probation	
Family Support Worker		Police/HMP	
Adult Social Care/Social Worker		Local Charity	
Housing Team (Housing Officer)		Support Group	
College/Education Pastoral Team		Other	

5. CLIENT SUITABILITY

Lifeline Listening is a project that has been developed by Life in Community CIC. Lifeline Listening is a voluntary service and a client can leave our service at any time. Nonetheless, as volunteers are providing the service we would prefer clients who wish to engage to fully engagement in our process. Clients can access up to ten 50-minute listening sessions, but may also wish to engage in other services we provide.

Please be reminded: ***we are not a counselling service***; therefore, clients must **not** suffer with any high-level mental health illness. All clients will be assessed by the one of Senior Listeners before being allocated (matched) to one of our trained listeners. Clients need to attend a minimum of the 5 listening sessions. ***Before making a referral, can you please check your clients suitable based upon the following questions?***

The client is aware that we are not a counselling service and we are just providing a listening ear?	Yes ❑	No ❑
The client is happy to be assessed by the Senior Listener in relation to their suitability for this referral?	Yes ❑	No ❑
The client understands they need to attend a minimum of three sessions.	Yes ❑	No ❑

6. DATA PROTECTION – Handing personal information.

The personal information you provide will be used for the purposes of Life in Community CIC. The information provided may be shared with: Adult Social Care, NHS, GPs, Counselling Services and funding organisations.

For the purposes of the GDPR and Data Protection Act 2018, Life in Community CIC are the data controllers in respect of information processed which relates to this referral and a client's participation in the Lifeline Listening Service. Information provided on this form will be entered and stored onto a secure database(s) used for the purposes of Life in Community CIC. A client's personal information will not be used for any other purpose than stated. Additional consent from will be obtained. Further information on how data is held, can be obtained by contacting Director of Life in Community CIC.

To evaluate our programme. We would like each client to complete an anonymous case study or questionnaire once the sessions are complete. If they do not wish to be contacted. Please indicate: Yes ❑ No ❑

7. REFERRER SIGNATURE:

(Please print referrer's name if sent electronically)	
Client's signature (If client is present when the referral is made).	

Please return to admin@lifeincommunity.org.uk