**TALKING CONNECTIONS**

**SELF-REFERRAL FORM**

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| MHM Wales is a charity and is a non-profit making service.Talking Connections Counselling is available to anyone seeking help and support with their mental health related issues. Counselling sessions are provided to individuals through one hour talking therapy sessions.Our service utilises several **professional and trainee counsellors** who volunteer their time to help support individuals in need of counselling services at **a minimal cost of £10 per session**. |

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| **Name** |  |
| **DOB** |  |
| **Age** |  |
| **Gender** | **MALE** 🞎 | **FEMALE** 🞎 | **OTHER** 🞎 |
| **Pronouns** | **HE/HIM** 🞎 | **SHE/HER** 🞎 | **OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address** |  |
|  |  |
|  |  |
|  |  |
| **Post Code** |  |
| **Email Address** |  |
| **Telephone Number** |  |
| **Gender Preference of Counsellor** | **MALE** 🞎 | **FEMALE** 🞎 | **No Preference**🞎 |
| **Format of Counselling** | **TELEPHONE** 🞎 | **VIDEO CHAT** 🞎 | **Face to Face**🞎**Please note there may be an extended wait for this** |
| **Language Preference** |  |
| **Can a message be left on answerphone re apt?** | **YES** 🞎 | **NO** 🞎 |
| **Name of GP** |  |
| **GP Surgery Address** |  |
| **GP Surgery Number** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact Details** |  |

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| **When completing the referral form, please be as detailed as possible regarding the reason for the referral to Talking Connections Counselling service. This will help us to identify the most appropriate counsellor where possible.****NOTE: We do not accept referrals without information regarding why the referral is being made****We can accept referrals for individuals who may be involved with court cases. However, counsellors cannot discuss the court case with clients.** |
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| **Have you accessed counselling before? Are you currently accessing counselling elsewhere, are you on the waiting list for another counselling provider?** |
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| **What outcomes are you hoping from accessing counselling?** |
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| **Are you currently awaiting sentencing, on probation, court hearings, or have any criminal convictions? If yes please give a brief description****The information you provide in this counselling service referral form will be processed by MHM Wales in accordance with the UK General Data Protection Regulation (UK GDPR). This data will be used solely for assessing your suitability for services and facilitating your referral and will be kept confidential. We will not share your information with third parties without your explicit consent unless required by law or to ensure safety. You have the right to access, rectify, erase, restrict processing, and object to the use of your personal data. By submitting this form, you consent to the processing of your information as outlined here. For any questions or requests, please contact us at** **admin@mhmwales.org** **or telephone, 01656 651450.** |
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| **Have you ever had a formal diagnosis on any condition you’ve had?** |
| **YES** 🞎 | **NO** 🞎 |
| **If you have ticked yes, please provide details below** |
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| **Please tick the appropriate box for days and times for you:****Please be aware all sessions are held on the same day and time every week. We are unable to accommodate shift sessions for face to face appointments** **Morning After 9am Afternoon Evening Before 9PM** |
| **Monday** | 🞎 | 🞎 | 🞎 |
| **Tuesday** | 🞎 | 🞎 | 🞎 |
| **Wednesday** | 🞎 | 🞎 | 🞎 |
| **Thursday** | 🞎 | 🞎 | 🞎 |
| **Friday** | 🞎 |  |  |
| **MHMWales has a duty of care in relation to all staff and clients. To ensure the safety of both staff and clients, please use the space below to provide additional information with regards to any identified risks e.g., anger issues or risk to others. This does not mean that the client will be denied access to the service but will allow MHM Wales to put appropriate measures in place due to counsellors working remotely. Failure to disclose this information which is later identified will result in the service being withdrawn.** |
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| **Referrer Name** |  |
| **Referrer Email** |  |
| **Referrer Number** |  |

|  |  |
| --- | --- |
| **SIGNATURE** |  |
| **DATE** |  |