# Thurrock IPS Employment Service Referral Form

Please complete where possible ALL sections of this form.

This form is confidential.

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| **Client’s personal details** | | | |
| **Title:** | **Surname:** | | **ID: NHS Number**  **Gender**: **(Please choose from drop down list)**  **Choose an item.**  **Date of Birth:** |
| **First names:**  **Preferred Email Address:**  **Telephone number (Home & Mobile)** | | |
| **\*Is this person experiencing a Severe Mental**  **Illness (SMI):** | | | Please choose from dropdown list Choose an item. |
| **Reason for referral:** (Please choose from drop down list) Choose an item.  **Ethnicity:** (Please choose from drop down list) **Choose an item.** | | **Eligibility:**  Is your client eligible to work in the UK? (Please choose from drop down list)  Choose an item. | |
| **Risk Information** | | | |
| **Please tick below any identified risks:**  Self-Harm  Suicidality  Anger / Violence    Anti-social behaviour  Sexual inappropriate behaviour  Substance misuse  Alcohol  Arson    Other significant risk:  **Date of last Risk Assessment**…………………………………………………………….  **Is the client on any ‘Work Related Benefits’** (please choose from drop down list)  Choose an item.  **If the answer is ‘Yes’** (please choose from drop down list)  **Choose an item.**  **Has this referral already been discussed and approved with the MDT?** (please choose from drop down list Choose an item. | | | |

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| --- | --- | --- |
| **Consents:** | | |
| **What permission is there to share info with family / others?**  **yes**  **yes** | | |
| **Referrers’ Details:** | | |
| **Name of referrer:** | **Profession of referrer:** | **Date of referral:** |
| **Phone:** |

**Please state if the client you are referring are under a Community Treatment Order or any Governing Authority** (**\*\***MOJ, MAPPA, JIGSAW, Offender Register etc.)

**\***NB: Thurrock IPS Employment Service only supports people with a severe mental illness to find or retain employment

**\*****\***MOJ – Ministry of Justice

MAPPA - Multi-Agency Public Protection Arrangement

Jigsaw - Justice Information Guide Supporting and Advising Witnesses

**Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return via email:**

**Thurrock IPS Employment Service**

**Email:** [**mpft.thurrockips@mpft.nhs.uk**](mailto:mpft.thurrockips@mpft.nhs.uk)