# 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**