



Mind in Tower Hamlets and Newham



For better mental health

workingwell
trust



Upskill

Pritchard's Road Centre
Marian Place
London E2 9AX
Phone: 020 7729 7557
Fax: 020 7729 1761
referrals@upskill.org.uk

Referral Form

Upskill is a project that supports people who have experienced mental health issues and who are resident in Tower Hamlets to find Health, Wellbeing, Education, Training, Volunteer, Work Experience and Employment Opportunities.

Upskill is a joint project between Working Well Trust, Mind in Tower Hamlets and Newham and Tower Hamlets Borough Council.

Referring body: Please complete the first three pages.

Title		First name		Last name	
Address					
		Postcode			
Email					
Landline					
Mobile					
Date of Birth		Age			

What type of assistance is the client interested in? Please tick.

- | | |
|--|--|
| <input type="radio"/> help with courses/ training/education/volunteering | <input type="radio"/> Support identifying goals towards work |
| <input type="radio"/> Support accessing specialist advice on range of issues | <input type="radio"/> Help with building a CV and Jobsearch |
| <input type="radio"/> Support with healthy living and wellbeing activities | <input type="radio"/> Confidence building including interviews |

:

What type of job is the client looking for?	
Full or part time?	

Name of team/service and full address from which client is being referred from	
Please detail the nature of the client's mental health issue	
Are there any risk issues? Please detail.	
Medication client is on	
Name of Referrer (please print clearly)	
Telephone number and Email	
Name of client psychiatrist	
Signature of referrer	
Date	

Please pass completed referral form to CMHT employment worker. All other services please post or fax to: Upskill Pritchard's Road Day Centre, Marion Place (off Pritchards Road), E2 9AX, or email to referrals@upskill.org.uk Phone: 020 7729 7557 / Fax: 020 7729 1761

Data Protection
The information obtained here will be used in compliance with the Data Protection Act 1998 and will not be used for any other purpose or shared with any other organisation.

INFORMATION CONSENT FORM

I confirm that to the best of my knowledge all the information above is true and give consent for my referrer to release relevant personal information to Upskill for the purposes of assessment.

Signed (Participant)..... Date

Signed (Referrer)

Updated December 2014