STRICTLY PRIVATE AND CONFIDENTIAL

**Wellbeing for Clergy and their Families (WCF)**

Self - Referral Form

Is this a self-referral? Y/N Date:­­­­­­­­­­­­­­­­­­

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) | 1 | D.O.B: | Gender: |
| If: Couple/family | 2 | D.O.B: | Gender: |
|  | 3 | D.O.B: | Gender: |
|  | 4 | D.O.B: | Gender: |
| Parent/Carer if under 18 |  |  |  |
| Position/s held: | 1 |  |  |
|  | 2 |  |  |
| Home Address |  |  |  |
|  | Postcode |  |  |
| Tel  Landline:  Mobile:  Mobile: | 1  2 |  |  |
| E-mail | 1  2 |  |  |

Client’s marital status and children:

Single Married Partner Civil Partnership Widow Separated Divorced

Living alone? Y/N Children under 16? Y/N (if yes, number and ages: ……………...)

GP details:

1.

2.

Tel:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral reason** (please give summary)

Please indicate whether you would like Individual / Couple / Family therapy.

**Availability** Can you please indicate your availability so that we can match you with a therapist who is also available.

Monday am/pm/eve

Tuesday am/pm/eve

Wednesday am/pm/eve

Thursday am/pm/eve

Friday am/pm/eve

Are you a car driver or use public transport? Car driver/public transport

Contact preference person 1.: (Please circle all which you agree to)

Call landline Call mobile Text Letter Email

Contact preference person 2.:

Call landline Call mobile Text Letter Email

**Assessment:**

Following receipt of your referral form, an initial assessment will be offered by a WCF therapist. To protect your confidentiality, no paper records are retained and all your information is held on an encrypted database which complies with the DOC GDPR policy and is only accessible by your individual therapist and the Head of WCF. All records will be deleted after the requisite retention scale of 10 years.

**Consent:**

By completing this referral form you are consenting that information can be shared about you within the WCF team to provide you with a service.

Please tick to confirm what format(s) you agree the WCF can use to contact you for the purposes of delivering a Wellbeing service:

**Text ☐ Landline phone call/mobile ☐ Email ☐** **Post ☐**

**Signature……………………………………………Date…………………………………**

Please return this form to:

Email: [wellbeingforclergy@chichester.anglican.org](mailto:wellbeingforclergy@chichester.anglican.org)

This email is only accessed by WCF Nicola Canham and Sue Mulvoy

By Post: Nicola Canham - Office 1A Salomons Estate, Broomhill Road, Tunbridge Wells TN3 0TG.

**NB: To respect your anonymity, please do not send forms to Church House**