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: | 12 |  |  |
| 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. The WCF use a bank of independent therapists who are monitored and supported by the WCF service, hold professional liability insurance, are members of a professional body related to their therapeutic modality and abide by their ethical principles.

**Consent and confidentiality:**

To protect your confidentiality, 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.

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 and/or if any risks of harm or self or others are identified these can be shared with safeguarding third parties as necessary.

Please indicate your agreement for the WCF to use your contact details for the purposes of delivering a Wellbeing service:

**Appointments ☐ Rearrangements ☐**

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

Please return this form to:

Email: wellbeingforclergy@chichester.anglican.org

This email is only accessed by WCF Nicola Canham

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**