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:

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**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 provide a responsive service, the WCF use a bank of independent therapists who are monitored and supported by the WCF service, hold professional liability insurance, are accredited members of a professional body related to their therapeutic modality and abide by the ethical principles as required by their membership.

**Consent and confidentiality:**

To protect your confidentiality, the information that you share with us is held on a fully encrypted database which complies with the WCF GDPR and [Privacy Policy](https://cofechichester.contentfiles.net/media/documents/document/2019/08/Privacy_Policy_WCF_Aug19.pdf) and is only accessible by your individual therapist and the Head of WCF. No hard copies are retained.

By completing this referral form you are consenting that information can be shared about you a) within the WCF team of therapists to provide you with a service b) third parties if any risks of harm or self or others are identified c) other therapy service providers with whom the WCF has a working agreement in place.

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

**Appointments ☐ Rearrangements ☐ Other ☐**

**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

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**