

BWell Self-Referral Form

Large font or screen reader friendly versions of forms are available on request.

Please call us on **020 7267 1321**

Thank you for contacting us about our BWell Coaching Programme.

Please complete this form, giving as much information as you can, and email the form to [**bwell@brandoncentre.org.uk**](mailto:bwell@brandoncentre.org.uk)

If anything in the form needs explaining or you need help completing the form, please call Brandon Centre on **020 7267 1321** and a member of staff can go through the form with you.

Once we have received your form, we will let you know whether you have been accepted onto our coaching programme. It is possible that someone at Brandon Centre may call you asking for more information about your referral. This is so that we have the necessary information to make sure that you are provided with the right kind of support.

Please ensure you update us if your contact details change as we will send emails, texts and (in some cases) letters confirming your assessment time and date.

We are only able to offer appointments to people aged 12 - 24 who have a Camden or Islington GP or home address.

Please tick the appropriate box below.

Camden

Islington

Need help immediately?

Please note that we are not an emergency service. If the young person needs urgent support please contact their GP, or go to the nearest hospital A&E. If the young person is under 18, she/he can call **the CAMHS Under 18s mental health crisis line on 0800 151 0023**; or if the young person is over 18 she/he can call the 24 hour **Crisis Line on 0800 917 3333**.

Young Person's Details

Referral Date: DD/MM/YYYY

First Name		Surname	
Date of Birth	DD/MM/YYYY	Age*	
Gender		Ethnicity	Choose categories from final page
Telephone number			
Email address			
Borough	Camden <input type="checkbox"/>	Islington <input type="checkbox"/>	
Home Address			
Postcode			
Consent to send letters?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Preferred contact method	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Post
School/College/University	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
If yes, where?			
How did you hear about Brandon Centre?			

Other Services

What is the name of your GP practice?			
Do you see a regular GP, if so what is their name?			
Are you happy for us to contact your GP to let them know about your referral?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Have you received counselling or mental health support from other services: (e.g. CAMHS; iCope; the crisis team etc)	Yes <input type="checkbox"/>	Name of service:	No <input type="checkbox"/>
If yes, please give us some information about the help you received			
If yes, do you give us consent to contact any of these services?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Have you or your family ever had support from Social Services?	Yes <input type="checkbox"/>	Name of service:	No <input type="checkbox"/>
If yes, do you give us consent to speak to Social Services?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

Information

Please type your response in the spaces below:

Coaching is a non-judgmental space for you to make change in your life that would improve your wellbeing. Please could you explain what you would like to gain out of your coaching sessions (e.g. what would you like to be different in your life?).

Can you tell us about your living situation? *(Where are you living? Who is at home? Is your living situation a problem at the moment?)*

What would be your availability for coaching?

Monday : Morning Afternoon Evening

Tuesday : Morning Afternoon Evening

Wednesday : Morning Afternoon Evening

Thursday : Morning Afternoon Evening

Friday : Morning Afternoon Evening

Information

Many people who are feeling distressed, down or stressed have thoughts or urges to hurt themselves.

Are you currently experiencing thoughts of ending your life? Yes No

If yes, do you feel you can keep yourself safe? Yes No

If you do not feel able to keep yourself safe and need urgent support please contact your GP, or go to the nearest hospital A&E. If you are under 18, you can call Childline any time 24/7 on **0800 1111**; or if you are over 18 you can call the 24 hour Crisis Line on **020 3317 6333**.

If you've experienced thoughts of suicide in the past, or attempted to take your own life, please provide details below, including services you've accessed:

Have you ever experienced thoughts of self-harm? Yes, currently Yes, in the past No, never

Have you ever acted on thoughts of self-harm? Yes, currently Yes, in the past No, never

If you have deliberately harmed yourself in the past, please provide details below, including services you've accessed:

Is there a concern about drug or alcohol use? Yes No

If yes, please tell us a bit more about this concern:

Is there anything else you think is important for us to know about in relation to your care? (e.g. disabilities or problems in travelling to certain areas)

Your ethnic group (Please choose one of the sections below and tick your group)

<input type="checkbox"/> Any other ethnic group Please state _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unknown	White <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other white background	Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background
Asian/Asian British	Black/Black British	Chinese or other
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black British <input type="checkbox"/> Any other black background	<input type="checkbox"/> Chinese <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Any other _____