

Social Prescriber (Wellbeing Link Worker)

Professional's 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 your interest in referring into the Social Prescribing service at Brandon Centre.

Brandon Centre offers Social Prescribing to young people **aged 16-24 who are based in Camden (living, studying or with GP in Camden)**. This offer is part of a one-year Camden-wide pilot service, being delivered in partnership with The Hive and Fitzrovia Youth in Action, funded by North Central London NHS Integrated Care System

Using a non-clinical approach, Social Prescribing aims to boost the general health and wellbeing of any young person who is experiencing challenges with their mental and/or physical health. For example, if a young person is feeling low, anxious, stressed, lonely or lacking confidence to make friends, we can support them to access a range of local activities and groups of their personal choice. Activities could include fitness and sport, creative arts, music production, fashion and beauty, performing arts, cooking and baking, film and animation, photography, and much more.

Most activities are free, and where there is a cost for an activity, we can apply for budget to cover that cost. Our Social Prescriber can accompany a young person to their chosen activities and services, the first few times they go, to help build confidence. Each young person is offered up to 6 sessions with our Young People's Social Prescriber (Wellbeing Link Worker).

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
Personal mobile number			
Email address			
Home Address			
Postcode			
Young Person prefers to be contacted in the first instance via (Text message/ Phone call/ Email)			
Name of GP Surgery			
NHS Number (if known)			

Referral Type			Referred <input type="checkbox"/>	Self-referred <input type="checkbox"/>
REFERRED BY	Professional's Name		Telephone	
	Professional's Role			
	Organisation		Address	
	Email			
Is the young person aware of this referral, and consenting to being contacted by Brandon Centre's Social Prescriber?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Reason for Referral

Please describe any mental health or physical health difficulties or challenges the young person is experiencing.

Are they receiving additional support from any other services?

What is the young person hoping to achieve regarding their general wellbeing? What do you think the young person might gain from seeing a Social Prescriber? If known, please describe any activities the YP might like to pursue.

Are there any identified risks (to self or others) that we should be aware of?

Once you have completed this form, please send it via email to: lucytobinhoward@brandoncentre.org.uk

Young person's ethnic group *(Please choose one of the sections below and tick 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 _____