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| **1st Appt:** |
| **EA:** |
| **Clinic:** |

**Self Referral / Initial Contact Form**

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| **Date of self referral:** |  |
| **Your forename:**  | **Your family name:** | **Title:** | **M/F/ prefer not say:** |
| **Home address: NHS number:** |
| **Postcode:** | **Email address:** |
| **Telephone #:** | **Mobile #:** |
| **Date of Birth:****How did you hear of the ESS?** | **N.I. number:****Which Mental Health LPT\* service are you currently using?****\*Leicestershire Partnership NHS Trust** |
| **What Goals do you have in relation to finding Paid / Voluntary work or learning? *(See Assessment Tool on reverse)*** |
| **Diagnosis of Mental Health, Physical Disability / Other barriers to getting work.** Brief Details… |
| **Are there any reasonable adjustments that the ESS needs to make whilst working with you?** (e.g. relating to disability or language) **Yes/No** |
| **Are there any known risk issues relating to you or to others?** (e.g. self-harm, suicidal, violence) **Yes/No**Brief Details…. |
| **Who is looking after your mental health (please give contact details)?****Are you working with any other agency regarding employment? Yes/No****Please give contact details** |
| **Additional Information** |
| **Your Consent**I agree to the Employment Support Service meeting me and potentially offering me work related advice and support\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name & signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) |

**Please return the completed form to:** **employment.support@leicspart.nhs.uk**

**Or post to: Employment Support Service, Leicestershire Partnership NHS Trust,**

**The Cedars Centre, Cedar Avenue, Wigston, Leicestershire LE18 2LA**

**The Employment Support Service covers Leicester City, Leicestershire & Rutland.**

**If you have any queries please call free 0800 098 8708.**

***To qualify for our service you must be currently using***

***Leicestershire Partnership NHS Trust’s community-based mental health services.***