

For office use: OR-SC	Date received:	by:	ID:
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Mind Outreach Referral Form

The information you give on this form will be kept **PRIVATE** and **CONFIDENTIAL**, in accordance with Rochdale and District Mind's Confidentiality Policy.

Details of Person Referred	
First name: _____	Last name: _____
Date of birth: _____	Gender: _____
Language: _____	Do you need an interpreter? Y e s <input type="checkbox"/> N o <input type="checkbox"/>
PLEASE NOTE: Most of our services are primarily funded ONLY for residents living in the Rochdale Metropolitan Borough area (including Heywood, Middleton and Littleborough).	
Address: _____	
Postcode: _____	if you <u>DON'T</u> want us to send you letters, put a cross here: <input type="checkbox"/>
Telephone: Home: _____	if you <u>DON'T</u> want us to leave messages, put a cross here: <input type="checkbox"/>
Work: _____	if you <u>DON'T</u> want us to leave messages, put a cross here: <input type="checkbox"/>
Mobile: _____	if you <u>DON'T</u> want us to leave messages, put a cross here: <input type="checkbox"/>
	if you <u>DON'T</u> want us to contact you by text message, put a cross here: <input type="checkbox"/>
Email: _____	
We may send occasional emails or texts about events and services. If you wish to receive these, please tick here:	



Monitoring Information

We collect the following information so we can monitor how far our client group represents the diverse communities of Rochdale, and work towards fair access to our services for all groups.

How would you describe your ethnic origin?

White: White British

White Irish

Gypsy or Irish Traveller

White _____

Asian: Pakistani

Bangladeshi

Chinese

Indian

Asian _____

Do not wish to state

Black: Black African

Black Caribbean

Black Other: _____

Mixed: White and Black Caribbean

White and Black African

White and Asian

Mixed Other: _____

Other: Arab

Other ethnic group (please state): _____

How would you describe your sexual orientation?

Heterosexual

Lesbian

Other: _____

Bisexual

Gay

Do not wish to state

Do you have a disability?

Mental health condition

Physical disability

Learning disability

Other: _____

No disability

Do not wish to state

How would you describe your religious beliefs?

None

Christian

Buddhist

Hindu

Other: _____

Muslim

Sikh

Jewish

Do not wish to state

How would you describe your relationship status?

Married

Co-habiting

Other: _____

Single

Civil partnership

Do not wish to state

How would you describe your residency status?

British citizen

EU National

Other: _____

Asylum seeker

Refugee

Do not wish to state

Are you a Veteran? (ex-service men/women)

Yes

No

Are you a Carer?

Yes

No