**Mums Matter Referral Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Address |  | | Date of birth |  | |
|  | | Home tel |  | |
|  | | Mobile tel |  | |
|  | | Can we leave a voicemail (Yes/No) | | |
| Postcode |  | | Can we text (SMS) (Yes/No) | | |
| Email |  | | | | |
| If you are making a referral on behalf of someone please provide your name and contact details | | |  | | |
| GP name and surgery | | | Health visitor and/or Family Support Worker name and contact number | | |
| Is English your first language? (Yes/No) | | If not do you feel able to communicate easily in English? (Yes/No) | | | If not in which language do you communicate most easily? |
| How do you think Mums Matter will help you?/Reason for referral.  How did you hear about us: | | | | | |
| Signature: | | | | | |

Thank you for your referral to Mums Matter, Hertfordshire Mind Network. Please also complete the Equal Opportunities Form below. This intervention requires access to Zoom via laptop/tablet.

Please email your completed form to Corrina or Libby at [mumsmatter@hertsmindnetwork.org](mailto:mumsmatter@hertsmindnetwork.org)

On receipt of referral we will contact you to discuss Mums Matter further. If you have any queries, please call 02037 273600 or call/text Corrina on 07961 944779.

|  |  |
| --- | --- |
| **ID Number** |  |
| **Date** |  |

**Hertfordshire Mind Network**

**Equal Opportunities Form**

Top of Form

We aim to provide equal opportunities and fair treatment for everyone. We would like you to complete this form in order to help us understand who we are reaching and to better serve the community. All details will be treated as confidential and are held in accordance with the Data Protection Act 2018 and the EU General Data Protection Regulation 2018. **Please complete all sections**

**Age Group**

18 or under  18-24  25-34  35-44  45-54  55-64

65-74  75-84  85-89  90+  Prefer not to say

**Gender**

Male  Female  The gender above is not the one given to me at birth

Non-binary  Prefer not to say  Other gender description (please specify)

**Religion/ faith**

No religion/ faith  Christian (any denomination)  Buddhist  Hindu

Sikh  Muslim  Jewish  Islam  Other  Prefer not to say

**Sexual orientation**

Bisexual  Gay man  Lesbian/ Gay woman  Heterosexual  Questioning

Prefer not to say  Other sexual orientation description (please specify)

**Disability**

Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted or expecting to last for at least 12 months?

None  Physical impairment (such as mobility)  Behavioural/emotional

Sensory impairment (such as sight or hearing)  Long-term illness or condition

Learning  Mental health condition  Prefer not to say

Other disability description (please specify)

**Ethnicity**

White English / Welsh / Scottish / Northern Irish / British

White Irish

White Gypsy or Irish Traveller

Any other white background (please specify below

Mixed White and Black Caribbean

Mixed White and Black African

Mixed White and Asian

Any other mixed background (specify below)

Black or British African

Black or British Caribbean

Any other black background (specify below)

Asian or British Indian

Asian or British Pakistani

Asian or British Bangladeshi

Asian or British Chinese

Any other Asian Background (specify below)

Prefer not to say

Other ethnicity description (please specify)

**Employment status**

Employed (full-time)  Employed (part-time)  Self-employed  In education

Retired  Sick leave  Unemployed  Volunteering  Prefer not to say

**Relationship status**

Single  Married  Civil partnership  Divorced  Widowed  Prefer not to say

Cohabiting

**Caring responsibilities**

Primary carers of a child (under 18)

Primary carer of disabled child/ children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer

None

**Where to send your completed form**

Please email your completed form to [mumsmatter@hertsmindnetwork.org](mailto:mumsmatter@hertsmindnetwork.org) If you have any questions or would like help filling in this form, please call us on **02037 273600**.