**CONFIDENTIAL SELF-REFERRAL FORM**

The CLD Trust’s therapeutic team can help with a range of experiences including anxiety, low mood, relationship difficulties, low self-esteem, difficult or intrusive thoughts or feelings, bullying/cyber bullying, bereavement and loss. family, school or work problems.

If you would like a member of the team to contact you please complete the details below and email to us at [info@thecldtrust.org](mailto:info@thecldtrust.org) or post to The CLD Trust, 20 East Street, Hereford HR1 2LU.

Please note your person details will be held securely both in paper and electronically and in accordance with the guidance set out in the General Data Protection Regulations (GDPR).

We will explain more about your confidentiality and privacy when we meet with you.

|  |  |
| --- | --- |
| Who requires support? Myself 🖵 Child/Relative 🖵 | |
| If you are completing this form on someone else’s behalf do they know you are contacting us? Yes 🖵 No 🖵 | |
| YOUNG PERSON’S NAME | |
| DOB: | |
| ADDRESS: | |
| Postcode: | |
| Mobile:  Who does this number belong to? | Landline No:  Who does this number belong to? |
| E-mail address: | |
| GENDER:  Male 🖵 Female 🖵 Other 🖵 Prefer not to say 🖵 | |
| How would you like us to contact you? Phone 🖵 E-mail 🖵 | |

|  |
| --- |
| WHO IS YOUR NEXT OF KIN?  (If you are referring on behalf of somebody else this could be you). |
| Name: Relationship: |
| Address: |
|  |
| Telephone No: |
| If you’re applying for yourself, does your parent/guardian know? It doesn’t matter if they don’t. Yes 🖵 No 🖵 |

 Please tell us why you need help?

|  |  |
| --- | --- |
| Is this a big problem for you? |  |
| Is this a medium problem for you? |  |
| Is this a small problem for you? |  |

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| --- |
| Name of your GP? |
| Address: |

Continue on next page

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| Do you have a disability? Yes 🖵 No 🖵 |
| Please tell us about the nature of disability so we can make sure you get the right support. |
| Do you require disabled access? Yes 🖵 No 🖵 |

|  |
| --- |
| Do you live on your own? Yes 🖵 No 🖵 |

|  |  |  |
| --- | --- | --- |
| Please tick your current situation: | | |
| In education 🖵 | In training 🖵 | In work 🖵 |
| Unemployed 🖵 | Volunteering 🖵 |  |

Thank you – please email this form to [info@thecldtrust.org](mailto:info@thecldtrust.org) or post to The CLD Trust, 20 East Street, Hereford HR1 2LU

|  |  |
| --- | --- |
| Office use: | Date stamp |
| Client U/N: |
| Contract: |