**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

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 If you have any questions or would like help filling in this form, please call us on **02037 273600**.