**** Blackthorn Trust
 St Andrews Road
 Barming
 Maidstone
 ME16 9AN

 referrals@blackthorn.org.uk

 **BLACKTHORN TRUST 6 MONTH RECOVERY PROGRAMME
*for Mental Health and Long-Term Conditions***

***To be completed by your GP/healthcare professional***

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| **Referral Guidelines** |
| **ABOUT BLACKTHORN**Blackthorn Trust is a long-established Health and Community Hub offering life enhancing programmes for overall wellbeing.  **OUR PLACEMENTS**Our 6-month placements support people with Mental Health and Long-Term conditions. We offer arange of social therapeutic workshops: breadmaking, café, craft, cooking, gardening, plant nursery, stained glass and woodwork. Placements may also include one to one therapy. Therapies offered are: Arts Counselling, Biographical Counselling, CranioSacral Therapy, Eurythmy Therapy, Metal Colour Light Therapy and Rhythmical Massage.Everyone enrolled on a programme is accompanied by a staff mentor throughout their time at Blackthorn. **PROGRAMME AIM**To support individuals to:* strengthen confidence, spark motivation, broaden outlook and experience.
* reduce symptoms.
* reduce isolation.
* build resilience and manage well-being.
* identify aspirations and learn practical skills.
* explore next steps and access partner organisations.
* access specialist advice on benefits, finance, housing, and employment issues.

**ELIGIBILTY CRITERIA*** To be 16 years of age and over
* To experience mental health difficulties or struggle with a diagnosed long-term condition
* To be open and willing to engage on site with the Blackthorn programme.
* Suitability for this programme will be decided following an initial assessment.

Unfortunately, we are NOT able to offer placements to people who have a* Recent history (last 3 years) or current tendency to violence
* History of sexual offences
* Current alcohol/substance misuse or addiction
* Those needing 1 to1 supervision.

Please note that individuals who have left Blackthorn would only be eligible to be re-referred after 3 years of being discharged from this programme.**APPLICATION PROCESS*Please note: This referral cannot be processed without additional information (as listed below)***1. Complete this form.
2. Print out any relevant medical history documents including medication.
3. Enclose/send copies of relevant specialist letters, summaries, or investigations.
4. Enclose/send copies of any risk assessments that have been carried out.
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| **Applicant’s details** |
| Name |  |
| Date of Birth |  |
| Address |  |
| Postcode |  |
| Email |  |
| Home phone |  |
| Mobile number |  |
| NHS Number |  |

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| **Next of Kin** |
| Name |  |
| Relationship to applicant |  |
| Address |  |
| Postcode |  |
| Phone number |  |

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| **Relevant Professionals** |
| **GP** |
| GP Name |  |
| Address |  |
| Phone number |  |
| **Care Co-ordinator/Key Worker** |
| Name |  |
| Address |  |
| Phone number |  |
| **Other support (external agencies)** |
| Name |  |
| Address |  |
| Phone number |  |
| **Other support (external agencies)** |
| Name |  |
| Address |  |
| Phone Number |  |

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| **Applicant’s health** |
| Please tick below to indicate the applicant’s current health diagnosis/condition(s) and then provide more information in the box below if applicable |

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| **Mental health** |  | **Persistent Pain** |
| ADHD | [ ]  |  | Muscular Skeletal problems | [ ]  |
| Anxiety | [ ]  |  | Fibromyalgia | [ ]  |
| Autism | [ ]  |  | Headache/Migraine | [ ]  |
| Bi-polar | [ ]  |  | Back Pain | [ ]  |
| Depression | [ ]  |  | **Other conditions** |
| Eating disorder | [ ]  |  | Long Covid | [ ]  |
| OCD | [ ]  |  | ME | [ ]  |
| Personality disorder | [ ]  |  | Sleep disorders | [ ]  |
| PTSD | [ ]  |  | Physical and emotional trauma | [ ]  |
| Schizophrenia | [ ]  |  | Post Concussion Syndrome | [ ]  |
| Other (please detail in box below) | [ ]  |  | Other (please detail in box below) | [ ]  |

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| **Further information** |

**Is the applicant:**

* awaiting a diagnosis/assessment? Yes [ ]  No [ ]  Unknown [ ]
* awaiting surgery? Yes [ ]  No [ ]  Unknown [ ]
* recovering from surgery? Yes [ ]  No [ ]  Unknown [ ]

Please give brief further details about the applicant’s surgery/diagnosis below (if applicable)

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**Has the applicant:**

* any history of being violent/aggressive? Yes [ ]  No [ ]  Unknown [ ]
* been a victim of abuse? Yes [ ]  No [ ]  Unknown [ ]
* a history of drug/alcohol abuse? Yes [ ]  No [ ]  Unknown [ ]
* a history self-harm?Yes [ ]  No [ ]  Unknown [ ]

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| **Reason for Referral** |
| Please tick below to indicate the applicant’s reason for referral and then provide more information in the box below if applicable |

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| Anxiety | [ ]  |  | Need for meaningful activity | [ ]  |
| Depression/Low mood | [ ]  |  | Need for re-orientation | [ ]  |
| General well-being | [ ]  |  | Persistent pain | [ ]  |
| Isolation/loneliness | [ ]  |  | Sleep issues | [ ]  |
| Lacking confidence | [ ]  |  | Social anxiety | [ ]  |
| Low self-esteem | [ ]  |  | Transition from secondary care | [ ]  |
| Need to develop life/social skills | [ ]  |  | Other (please detail in box below) | [ ]  |

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| **Applicant’s ethnic origin** |
| [ ] Asian or Asian British *(includes any Asian background for example, Bangladeshi, Chinese, Indian, Pakistani)*[ ] Black, African, Black British or Caribbean *(includes any Black background)*[ ] Mixed or multiple ethnic groups *(includes any Mixed background)*[ ] White *(includes any White background)*[ ] Another ethnic group *(includes any other ethnic group, for example, Arab)*[ ] Prefer not to say |

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| **Applicant signature** |
| Date |  | Signature |  |

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| **Referrer’s details and signature** |
| Name |  |
| Address |  |
| Phone number |  |
| Email  |  |
| How long have you known the applicant |  |
| Date |  | Signature |  |

*The contents of this application are treated as confidential by the organisation. Some of the data on this form will be converted to data and stored on a computer retrieval system in accordance with the GDPR 2018 and used for evaluation and reporting purposes.*

**Please send this form to:****referrals@blackthorn.org.uk**