**A close-up of a logo

Description automatically generated** Blackthorn Trust  
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 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**](mailto:referrals@blackthorn.org.uk)