**MENTAL HEALTH EMPLOYMENT SERVICE**

**RETENTION REFERRAL FORM**

**To be completed by Referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| Referrer |  | Care Co-ordinator |  |
| Role |  | Team |  |
| Telephone |  | Base |  |
| Signed |  | Date |  / / |

|  |  |
| --- | --- |
| Client name |  |
| AddressPost Code |  |
| Telephone |  |
| Mobile |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NHSNo |  |  |  |  |  |  |  |  |  | RIO No |  |  |  |  |  |  |  |  |  |  |

**To be completed by Beneficiary**

I agree to be contacted by the Employment Service for support in retaining employment. Tick your choice/s:

|  |  |
| --- | --- |
| You **may** leave a voice message on the answer-phone/mobile number |  |
| You may **not** leave a voice message on the answer-phone/mobile number |  |
| I may only be contacted by letter |  |

|  |  |  |
| --- | --- | --- |
| I have requested support from the Employment Service independently | Yes | No |
| I have received an information leaflet about the work of the Service  | Yes  | No |

Reason/s you wish to be referred tick any that apply

[See end of form for appropriate referral contact]

|  |  |  |
| --- | --- | --- |
| **Current circumstances** | Yes | No |
| Off sick from work needs help liaising with employer  |  |  |
| Struggling at work due to illness needs help to liaise with employer |  |  |
| Needs general advice on retaining their employment |  |  |

|  |
| --- |
| **General comments / brief description of situation**  |
|  |

**Sign please: ………………….……………Date: …../…../…**

**EMPLOYMENT SERVICE OUTLINE**

**The Walsall Employment Service** offers two types of intervention – **Employment Retention** and **Employment Support**.

**Employment Retention** is for people who are currently employed but whose job may be at risk or require other employment support due to issues surrounding their mental health. They could be off sick from work or struggling to remain at work. An early referral is advised. If a person is not in some form of paid work and is looking for work referral to employment support would be more appropriate.

**Employment Support** is for people who are unemployed and seeking to enter some form of paid employment (part or full-time). This may include training or experience requirements. It is however not for clients requiring activities or those wishing to change employment.

|  |  |  |
| --- | --- | --- |
| **Employment Retention** **Manager** | Doreen Till07780956403 | doreen.till@nhs.net |
| **Employment Retention Adviser - Dudley** | Suzi Wint07825843741 | suzi.wint@nhs.net |
| **Employment Retention Worker - Wolverhampton** | Chelle Ward07909936845 | michelle.ward41@nhs.net  |
| **Employment Retention Worker - Walsall** | Peta Cutrera07909937124 | p.cutrera@nhs.net |
| **Employment Retention Worker - Sandwell**  | Melanie Sutton07557215306 | melanie.sutton3@nhs.net |

