Individual Placement & Support (IPS) Employment Services Referral Form

Part 1 - Client and / or Referrer to complete

|  |  |
| --- | --- |
| Date |  |
| Name (client) |  |
| Date of Birth |  |
| Address  Postcode |  |
| Telephone(s) |  |

|  |  |  |
| --- | --- | --- |
| **Can we contact by** | **Yes** | **No** |
| Phone |  |  |
| Text Message |  |  |
| Voicemail |  |  |
| Letter |  |  |
| Other (please state e.g. email) |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Benefit**  **Type** | **JSA** | **ESA WRAG** | **ESA SG** | **UC LCWRA** | **UC LCW** | **None** | **Unknown** |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Convictions**  (Ticking any of the options below will not prevent access to the Employment Services) | **Yes** | **No** |
| No criminal convictions |  |  |
| Convicted of a criminal offence |  |  |
| I am subject to restrictions that may prevent me from applying for certain types of jobs.(e.g. working with children or vulnerable adults) |  |  |

Part 2 – Completed by Referrer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referrer Name |  | | | | | | | | | | Care Coordinator | **Yes** | | | | | | **No** | | | | |
| Email |  | | | | | | | | | |  | | | | | |  | | | | |
| Telephone |  | | | | | | | | | | Risk Identified (current / historical) | **Yes** | | | | | | **No** | | | | |
| Role |  | | | | | | | | | |  | | | | | |  | | | | |
| Team |  | | | | | | | | | | Current Risk Assessment Attached | **Yes** | | | | | | **No** | | | | |
| Base |  | | | | | | | | | |  | | | | | |  | | | | |
| Client Rio ID |  |  |  |  |  |  |  |  |  |  | Client NHS No. |  |  |  |  |  |  | |  |  |  |  |

Part 3 – Declaration to be completed by Client and / or Referrer

|  |
| --- |
| **Please read before completing declaration** |
| * The **IPS Employment Support** is for individuals who are Secondary Mental Health Care Services across: Dudley, Walsall, Wolverhampton and Sandwell including Criminal Justice Mental Health Services Black Country. * The service provides support to clients who wish to enter some form of paid employment (part or full-time) or wish to change their employment to better suit their needs. * It is **not** for clients requiring activities, long term education or voluntary work. |

|  |  |  |
| --- | --- | --- |
| **Declaration** | | |
| I confirm I have read the information above regarding employment support provided and wish to be referred to Employment Services  **OR**  Referral to Employment Services discussed and agreed with client | |  |
| Date |  | |

Part 5 – Completed Referral Forms should be returned to local team via:

|  |  |
| --- | --- |
| **Sandwell IPS Team**  **Email:**  [bchft.sandwellemploymentsupport@nhs.net](mailto:bchft.sandwellemploymentsupport@nhs.net)  **Telephone:**  Selina Cudjoe – 07557 178 671 | **Wolverhampton IPS Team**  **Email:**  [bchft.wolverhampton.employmentsupport@nhs.net](mailto:bchft.wolverhampton.employmentsupport@nhs.net)  **Telephone:**  Laura Ray – 07557 178 764 |
| **Dudley IPS Team**  **Email:**  [bchft.dudley.employmentservices@nhs.net](mailto:bchft.dudley.employmentservices@nhs.net)  **Telephone:**  Claire Savage – 07826 890 696 | **Walsall IPS Team**  **Email:**  [bchft.walsall.employmentservice@nhs.net](mailto:bchft.walsall.employmentservice@nhs.net)  **Telephone:**  Ross Jones – 07766 925 212 |