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