LINK WORKER SELF-REFERRAL FORM

This is a **non-medical service** for social and wellbeing support and guidance.

If you are **aged 14 or over** and in need of some support, please fill out this self-referral form. A Link Worker will contact you via telephone within 3 weeks of receiving this form via email.

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| **PERSONAL DETAILS:** | | | |
| Full Name: | | Date of Birth: | |
| Address: | | Contact Number:  Email Address*(optional)*: | |
| I would like support in relation to *(please tick all that apply)*: | | | |
| * Social Isolation | * Housing | | * Caring Responsibilities |
| * Loneliness | * Debt/Finance/ Money Issues | | * Family Support |
| * Mental Health and Wellbeing | * Employment | | * Other |
| **If other, please tell us more here:** | | | |
| Please tell us what support you are hoping to get from a Link Worker Referral? Or give any information regarding support you wish to receive: | | | |

Signature: ……………………………………………. Date: …………………………

By submitting this form, you are giving permission for a Link Worker to contact you.

**Please return this form via email to:** [**glccg.stpauls-pcn@nhs.net**](mailto:glccg.stpauls-pcn@nhs.net)

*Please note all information sent to glccg.stpauls-pcn@nhs.net is stored and destroyed securely in compliance with NHS policies and procedures.*