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.

|  |
| --- |
| **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**

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