



OutREACH Cumbria

Talk It Out Therapy

Online Referral Form for Professionals

The survey will take approximately 14 minutes to complete.

OutREACH Cumbria Talk It Out Therapy

OutREACH Cumbria

9 Brunswick Street | Carlisle | Cumbria | CA1 1PB

Email: tioreferral@outreachcumbria.co.uk

Contact Number: 07369228836

* Required

Who is this form for?

Please use this online form if you are a professional (e.g. GP, clinician, social worker, teacher, etc.) who wants to refer a service user who identifies as LGBT+ for counselling. If the service user is 16 years old and above, we request that you encourage them to complete the self-referral form themselves (see link below). If they are unable to do this, then please proceed.

Self-Referral Form

<https://forms.office.com/r/8dUjPGeSO3>

About Talk It Out Therapy

Talk It Out is a dedicated service which aims to provide counselling therapies to individuals who identify as LGBT+ and who are struggling with difficulties related to gender identity and sexuality. The service is open to individuals and families. Complete this form if you are a professional who would like to refer a service user. Once we have received your referral, we would contact you with the next steps in due course.

The service is provided by OutREACH Cumbria with funding (£25,000) from Cumbria Community Foundation and North Cumbria Clinical Commissioning Group. Treatment will be allocated on a first come – first served basis and will be provided by OutREACH Cumbria affiliated therapists. The service will be offered while funding is available.

Please note that it could take us up to 7 to 14 days to process your referral. If you are struggling to manage your service user's distress and feel that they need urgent care, please contact any of the following services:

- NHS Cumbria Crisis (Single Point of Access) 0300 123 9015 or freephone 0800 652 2865
- Samaritans: 116 123 24-hour emotional support
- Lighthouse: 0300 561 0000 – 6pm to 11 pm (Carlisle and Eden)

Confidentiality

We would like to let you know that any information that you provide would be treated with confidence and in compliance with the Data Protection Act 2018. Our organisation is registered with the Information Commissioner's Office (ICO). There are exceptional circumstances though when confidential information may have to be shared, for example if you share something which makes us concerned for your service user's safety or someone else's. Under these circumstances, we will try and obtain your service user's consent, if possible, before we share the information to the relevant people. These circumstances will be discussed with the service user in greater detail during assessment, after we have reviewed your referral.

We would like to inform you that as an externally funded organisation, we may need to report statistical data regarding the types of referrals we receive, the treatments we offer and the outcomes of our therapies. When we do, all data would be anonymised – meaning, no identifiable information would be provided. We may use the same data to seek further funding or as part of research.

If you or your service user have any questions regarding our Confidentiality policy, please email

Consent

1. Is the Service User aware that you are making a referral for them? *

Yes

No

2. Have they given you consent to make this referral and share their details? *

Yes

No

Consent

If you answered No to any of the above questions, please do not proceed with the referral. Contact your service user first and inform them about this referral. Thank you.

Consent

By completing and submitting this form, you and your service user are giving us your consent to:

- Collect information about you, the service user and the care they receive. This includes this referral form, assessment notes, paperwork related to the services that the service user accesses or has accessed, and correspondence related to their care.
- Store information in paper form and/or electronically. All data that is collected is subject to the strict rules of confidentiality laid down by Acts of Parliament, including the Data Protection Act 1998, the Health and Social Care Act 2001.
- Gather additional information about you and your service user from certain other organisations or give information about you and your service user to them for the purposes of ensuring that information is accurate, prevent or detect crime or significant risk/s and protect public funds. These organisations include local authorities, the police and or other healthcare professionals.
- Contact the service user's GP and other appropriate professionals or individuals if we have reason to be concerned about their and others' safety. During these circumstances, we will always aim to contact you and the service user first, when possible.

3. Do you and your service user give us your consent to the above (if you answer 'no', we may be unable to offer you our services)? *

Yes

No

4. Name of service user's GP (if known)

5. Practice

6. GP's Contact Number

About the Referrer

7. Your Full Name *

8. Your job title *

9. Your contact number

10. Your organisation *

11. Your email address

About Your Service User

12. First Name *

13. Last Name *

14. Preferred name (if different from first name)

15. Pronouns (e.g. he/him, she/her, they/them)

16. Gender

17. Is this different to that assigned at birth?

- Yes
- No
- I don't know

18. Sexuality

19. What is your service user's ethnicity?

- White (e.g. English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller, any other White background)
- Mixed or Multiple ethnic groups (e.g. White and Black Caribbean/White and Black African/White and Asian/Any other Mixed or Multiple ethnic background)
- Asian or Asian British (e.g. Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)
- Black, African, Caribbean or Black British (African, Caribbean, any other Black, African or Caribbean background)
- Another ethnic group (e.g. Arab, any other ethnic group)

20. if you selected 'Another ethnic group', please specify here:

21. Date of Birth [dd/mm/yyyy]

Please input date (dd/MM/yyyy)



Your Service User's Contact Details

22. Current Address *

23. Postcode *

24. Region *

- Carlisle
- Eden
- Allerdale
- Copeland
- Furness

25. Telephone (Landline) Number (if the service user doesn't have a landline number, please write 'none'): *

26. Can we leave a voice message? *

- Yes
- No
- The service user has no landline number

27. Can we leave a message if someone else answers? *

- Yes
- No
- The service user has no landline number

28. Mobile Phone Number (If the service user doesn't have a mobile phone, please write 'none'): *

29. Can we leave a voice message? *

- Yes
- No
- The service user has no mobile number

30. Can we send a text message? *

- Yes
- No
- The service user has no mobile number

31. Email Address (please write 'none' if the service user doesn't have an email address) *

32. Can we send an email to this address? *

- Yes
- No
- The service user does not have email address.

How can we help?

33. What is your service user struggling with or finding difficult that you would like us to support with?

34. Please enter today's date (dd/mm/yyyy):

Please input date (dd/MM/yyyy)



35. How did you hear about us?

Thank you for your referral.

One of our staff members will contact you in due course (within 7 to 14 days). If you have not heard from us and would like to follow-up your referral, please contact us below:

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Feedback

36. Please use this space to give us feedback on your experience using this online form. Thank you.

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