

Black Country Support After Suicide Service Referral Form

Please note all fields must be completed or the form will be returned: this could delay with support allocated. Where Not Applicable please indicate by inserting N/A

It is important that we fully understand your needs and ensure that we are the right service for you.

If you would like some help completing this form, you could ask someone else to complete this on your behalf. Or you can get in touch with us, and we can complete this for you during a phone call.

You can call us Monday – Friday 10am-6pm on 0800 008 6516 or email blackcountrysupportaftersuicide@rethink.org

Date of Referral

Client Details

Client Name		Client DOB	
Home Address			
Telephone		Email	
GP surgery registered with		GP contact number	

Support required

1-1 Practical and/or emotional support	
Bereavement counselling	
Group based support	

Suicide Bereavement Details, please Include:

- Person Supporting Relationship to Person Lost
- Length of time since being bereaved & Seeking Help
- Reason for Referral

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Details (please provide as much additional information as you can about the referral)					
Referrer details					
Name		Job Title			
Telephone No		Email			
Emergency contact details					
Name		Email			
Relationship to you		Telephone number			
Additional information - We want to make sure our service is accessible to everyone. Completing the following information really helps us to improve upon this. Completing this is optional. <u>If you do decide to complete this - thank you.</u>					
Religion or spiritual belief					
Buddhist		Jewish		Other Religion	
Christian		Muslim		No Religious Belief	
Hindu		Sikh		Do not wish to answer	
Ethnicity					
Asian or Asian British - Any Other Asian Background		Mixed - Any other mixed background		White - Any Other White Background	
Asian or Asian British - Bangladeshi		Mixed - White and Asian		White - British	
Asian or Asian British - Indian		Mixed - White and Black African		White - Gypsy or Irish Traveller	
Asian or Asian British - Pakistani		Mixed - White and Black Caribbean		White - Irish	
Black or Black British - African		Do not wish to answer		Not provided	
Black or Black British - Caribbean		Other Ethnic Group - Any other ethnic group		Do not wish to answer	

Data Protection and General Data Protection Regulation (GDPR) All records are kept in accordance with current UK Data Protection and GDPR legislation

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Black or Black British - Other Black Background		Other Ethnic Group - Arab		
Sexual orientation				
Heterosexual / Straight		Bisexual		Not Provided
Homosexual / Gay Man		Other		
Lesbian / Gay Woman		Do not wish to answer		
Additional needs				
Learning Disability		Mental Illness		Dementia
Autism		Acquired Brain Injury		Other
Communication needs / preferences				
Preferred language (please specify)		English language		Other spoken language (please specify)
Preferred method of communication (please specify)		Able to read		British Sign Language
Pictures / symbols		Makaton		Gestures / facial expressions
Sounds / vocalisations		No formal means of communication		Other support needs
Hearing impairment				
Other				
Gender		Identifies as same sex as at birth		
Marital status				
Pregnant /maternity Yes/No				
Mental health diagnosis:				
<p align="center">Please return this referral for to: blackcountrysupportaftersuicide@rethink.org</p>				