

# Mental Health Service - Self-Referral Form

If you would like to self-refer to Befrienders Highland (BHL) mental health befriending services, please read the accompanying BHL Mental Health Service 'Information for Friends' to ensure that this is the right service for you, then complete this form as fully as possible and sign the declaration at the bottom of this page (electronic / typed signatures are accepted).

**Your Details – please enter your details in the box below.**

Name:	Date of Birth
Address:	Tel:
	Tel:
	Email:
Postcode:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender:

**Emergency Contact Details – please enter the details of your emergency contact in the box below (if any).**

Name:	Relationship:
Tel:	Tel:

**Mental Health Worker Details – please enter nominated mental health workers details in the box below.**

Name:	Job Title:
Address:	Tel:
	Tel:
	E-mail:
Postcode:	

**GP Details – please enter the GP / Medical Practice details in the box below.**

GP Name:	Practice Name:
Address:	Tel:
	Tel:
	E-mail:
Postcode:	

I give my consent for BHL staff to have confidential contact with my nominated health professionals and for them to provide BHL with information regarding my mental health on an on-going basis, as required. I also give my consent for BHL staff to communicate with my nominated emergency contact, if needed. I agree to follow the REFOCUS Mental Health Recovery Programme.

Signed:

Date:

**Which type of Befriending interests you? Please 'X' the Befriending Interests****Face to Face Befriending** (please mark preferred area).Inverness  Nairn  Caithness  Skye/Lochalsh  Alness/Invergordon  Dingwall **Distance Befriending** (please mark the preferred method of contact).Telephone  Letter  Email  Video Call / Conferencing  Gaming **How did you hear about Befrienders Highland?****We send out emails to our members with details of activities we offer, training courses and workshops, self-development and self-care strategies, and other health and wellbeing information and opportunities.****Please indicate whether you would like to receive these emails.** Yes  No 

Please complete all sections as fully as possible, then sign and date the section overleaf. This will give us permission to contact your mental health worker and/or GP so Befrienders Highland staff can confidentially discuss your mental health and present circumstances. It also provides the consent for the mental health worker and/or GP to provide information to Befrienders Highland on your mental health and circumstances on an on-going basis, as necessary.

Thank you for your application, we will be in touch shortly.

If you have any questions regarding the form, please call the office on 01463 712 791 or email [info@befriendershighland.org.uk](mailto:info@befriendershighland.org.uk)

Please note, if you do not wish to proceed with the application, at point of the application being ceased, any data held which has been gathered as part of the application process will be destroyed after 8 weeks of last contact. Should you return to the service in the future, the necessary application information will need to be gathered again. For further information regarding this please view our Privacy Policy or contact: [admin@befriendershighland.org.uk](mailto:admin@befriendershighland.org.uk)

**Abbreviated Privacy Policy**

Full statement available from our website or by contacting Befrienders Highland Limited (BHL).

BHL have a legal duty under the Data Protection Act to prevent your information falling into the wrong hands. BHL must also ensure that the data BHL hold is accurate, adequate, relevant, and not excessive.

BHL will make it clear which information is required in order to provide you with the information or service you need from us. You do not have to provide us with any additional information unless you choose to. BHL store your information securely on our computer system.

BHL would also like to contact you to tell you about other areas of our service or other support services we think you may benefit from. You can contact us directly at any time to tell us not to send you any information outside of information necessary for us to work effectively with you. You have the right to a copy of all the information BHL hold about you (apart from a very few things which BHL may be obliged to withhold because they concern other people as well as you).

**Please return the fully completed and signed form to:**  
**Befrienders Highland, 1st Floor, Academy House, 42 Academy Street, INVERNESS, IV1 1JT**  
or email it to [info@befriendershighland.org.uk](mailto:info@befriendershighland.org.uk)