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| Referral Form |

Bridewell provides a stepping stone, supporting people to manage their mental health recovery, develop relationships and skills, be empowered to identify next steps and be supported to lead meaningful and valued lives.

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| This service may be for you if: |
| - you are an adult of working age- you are registered with a GP in Oxfordshire- your mental health has had a significant and sustained impact on how you manage day to day activities |

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| Date of referral: |
| Your Details |
| Name: |
| Address: |
| Contact number(s): |
| Email address: |
| Date of birth: | NHS number (if known): |

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| What challenges do you currently face with your mental ill health?How do these affect you? |
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| Please state diagnosis if known: |  |

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| Please consider if Bridewell would be a suitable setting for you |
| Bridewell’s recovery service provides a structured working day, with planned nature-based and horticulture-based group activities for people who feel ready and motivated to manage their recovery. |
| With support from the Bridewell team, you will have opportunities to:- develop social relationships- learn new skills- work within a team in a group setting- take part in regular reviews with goal setting- identify, plan and work towards taking next steps beyond Bridewell |

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| What do you hope to gain from Bridewell’s recovery service? |
| Bridewell supports people to build motivation, self-esteem, confidence, routine and structure, enabling you to move towards a more fulfilling life in your community.Please provide details: |
| Supporting information |
| Can you provide a Care Plan? (please include this with your referral) | Yes/No |
| Can you provide a Risk Assessment? (please include this with your referral) | Yes/No |
| Is there any other information Bridewell should be aware of?Do you have a history of self-harm? Do you history of violence or abusive behaviour? Do you take prescribed medication? If ‘Yes’ to any of the above, please provide details below: | Yes/NoYes/NoYes/No |

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| Your Signature |
| *‘I agree that the information on this form is correct’* |
| Signature: | Date: |
| Accessing Bridewell |
| There is no public transport to reach Bridewell Gardens.Bridewell runs a daily minibus leaving Witney at 9.50 and there is plenty of parking on site.Please tick to confirm how you will reach Bridewell: |
|  | Use Bridewell minibus from Witney |
|  | Use my own transport |

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| Monitoring InformationThis section is completely optional and does not affect your referral to Bridewell. Monitoring information helps Bridewell to improve the service we deliver and make sure it is accessible. |
| Ethnicity: |  | Religion: |  |
| Gender: |  | Sexual orientation: |  |
| Please tick any that apply to you: |
|  | Physical disability |  | Personality Disorder |  | Autism |
|  | ADHD |  | Substance addiction |  | Homelessness |
|  | Convictions |  |  |  |  |

Bridewell is commissioned to deliver a recovery service as part of the Oxfordshire Mental Health Partnership. Please note, people may only attend one of the Partnership recovery services at any one time.

[Oxfordshire Mental Health Partnership - Oxford Health NHS Foundation Trust](https://www.oxfordhealth.nhs.uk/omhp/)

Please ask your referrer to support this application and provide their information at the end of this form. Referrals can be supported by a GP, a mental health professional, social prescriber, or other support worker.

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| Details of Referrercare coordinator/support worker/GP/ social prescriber |
| Name: |
| Job Title: |
| Organisation: |
| Address: |
| Contact number: |
| Email: |
| GP contact |
| Name: |
| Address: |
| Contact number: |
| Referrer Signature |
| *‘I agree that the information on this form is correct’* |
| Signature: | Date: |

Please send completed form by post or secure email. All emails within OMHP are secure.

Claire Bellamy, Administrator

Bridewell Gardens, The Walled Garden, Wilcote, Oxfordshire, OX7 3DT

For further information contact: 01993 868 313 or info@bridewellgardens.org

www.bridewellgardens.org