Changing Minds Referral Form

Date of referral:	

Young Persons Name:	

Please complete this form as thoroughly as possible and with as much information as you can. Failure to complete with adequate information may result in delays.

Please be aware that you can complete send this back electronically via email or via post to:

Newport Mind, 100-101 Commercial Street, Newport, NP20 1LU
or changingminds@newportmind.org

If you would like to talk about this referral with someone please contact Seran Davies on:

01633 258741
07787295472

What are you referring the young person for *(Please tick all that apply)*:

Young Persons Advisory Panel ☐

As a Volunteer Peer Mentor ☐

Receive Transition Support ☐
Please detail nature of transition:

Self Management Courses ☐

To Receive Peer to Peer Support ☐

ARIENNIR GAN Y LOTERI
LOTTERY FUNDED

Changing Minds Referral Form

If you are a young person completing this form please don't worry about filling out section 1.

1. Organisation Details:	
Name of Referrer	
Agency	
Address	
Postcode	
Email	
Tel	

2. Young Persons Details:			
Name			
DOB		Age	
Gender			
Area	☐ Newport ☐ Monmouth ☐ Torfaen ☐ Caerphilly ☐ Blaenau Gwent		
Address			
Postcode			
Contact Tel No			
Email Address			
Consent	Is the young person aware that this referral is being made? ☐ Yes ☐ No		

3. Key agencies who are working with the young person (if known):		
Agency	Contact Name	Telephone

ARIENNIR GAN Y LOTERI
LOTTERY FUNDED

Changing Minds Referral Form

4. Reason for referral:

5. What are the desired outcomes of this referral:

6. Is there anything we should know about in order to stay safe around the young person? (for example, potential concerns, dangerous dogs, violent family, previous convictions)
☐ Yes ☐ No ☐ Not Known
Details:

7. Any other relevant information regarding the following categories: (If you need any help as a young person with any of the things below please let us know)	
Language	
Communication	
Disability	
Other	

Date of referral:	

ARIENNIR GAN Y LOTERI
LOTTERY FUNDED