



Outreach Cumbria Talk It Out Therapy
Outreach Cumbria
9 Brunswick Street | Carlisle | Cumbria | CA1 1PB
Email: tioreferral@outreachcumbria.co.uk

Self-Referral Form

(This form is for individuals who are referring themselves for either a single-person or couples/family 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. If you would like to make a referral, please complete this self-referral form and send it back to us on our mailing address above. 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 days to receive your referral. If you are struggling to manage your distress and feel that you 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

Before you complete the form, 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 safety or someone else's. Under these circumstances, we will try and obtain your consent, if possible, before we share the information to the relevant people. These circumstances will be discussed with you in greater detail during assessment, after we have reviewed your referral form.

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 have any questions regarding our Confidentiality policy, please email us (see above).

Consent

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

- Collect information about you and the care you receive, this includes your referral form, assessments notes, paperwork related to the services that you access, and correspondence related to your care.
- Store your 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 from certain other organisations or give information about you 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 your GP and other appropriate professionals or individuals if we have reason to be concerned about your and others' safety. During these circumstances, we will always aim to contact you first, when possible.
- Contact your GP and other professionals or individuals to gather and share information related to your care.
- Use your anonymised information as part of our reports.

Do you give us you consent to the above (if you answer 'no', we may be unable to offer you our services)? Yes No

Name of GP (if known)	
Practice	
Contact Number	

Type of referral (please circle): Single-person therapy / Family or Couples Therapy

For both single-person and couples/family therapy referrals, please tick which types of contact you, your partner or family are able to engage with – tick ALL that apply:

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Face-to-face (with PPE) |
| <input type="checkbox"/> | Telephone (landline) call |
| <input type="checkbox"/> | Mobile phone call |
| <input type="checkbox"/> | Video via MS Teams |
| <input type="checkbox"/> | Video via Zoom |
| <input type="checkbox"/> | Video via Skype |

About You

First Name		Last Name	
Preferred name (if different from your first name)			
Pronouns (e.g. he/him, she/her, they/them)			
Gender			
Is this different to that assigned at birth?	(Yes or No)		
Sexuality			

What is your 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). Please specify:

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Date of Birth [dd/mm/yyyy]	
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Contact Details

Current Address	
Postcode	
Region (Please circle)	Carlisle / Eden / Allerdale / Copeland / South Lakeland / Furness
Mobile Number	
Can we leave a voice message? (Yes or No)	
Can we send you a text message? (Yes or No)	
Landline Number	
Can we leave a voice message? (Yes or No)	
Can we leave a message if someone else answers? (Yes or No)	
Email Address	
Can we email you? (Yes or No)	

How Can We Help?

Reason for Referral

What are you struggling with or finding difficult that you would like us to support you with?

Have you, your partner or family accessed other services before to help with these difficulties?

Yes

No

If you answered 'Yes' to the above, please indicate which services you have previously accessed:

If you have accessed other services, what happened? Did they help? If not, what do you think were the reasons?

Please use this space for any additional relevant information that we have not asked about:

How did you hear about us?

Your Health/Needs

Do you have any disabilities (please circle)? Yes / No / Prefer not to say

If you, your partner or family member have any communication needs (for example, if you need a translator) that we need to be aware of, please write them here:

If you, your partner or family member have any physical health needs that we need to be aware of, please write them here:

Are you living with HIV (please circle)? Yes / No / Prefer not to say

For single-person referrals:

- Are you currently shielding? Or have you been advised to shield? Yes No
- Are you currently experiencing symptoms related to coronavirus? Yes No
- Have you had coronavirus before? Yes No
- Have you been vaccinated for coronavirus? Yes No
- If yes, how many doses have you had? 1 dose 2 doses

For Couples/Family referrals:

Are you, your partner or any family member currently shielding or have you been advised to shield (Yes or No)?

If you answered 'yes', please specify who (e.g. my child or my partner):

Are you, your partner or any family member currently experiencing symptoms related to coronavirus (Yes or No)?

If you answered 'yes', please specify who:

Have you, your partner or any family member had coronavirus before (Yes or No)?

If you answered 'yes', please specify who:

Have you, your partner or any family member been vaccinated for coronavirus (Yes or No)?

If you answered 'yes', please specify who and the number of doses (1 dose or 2 doses):

Date	
Printed Name and Signature	

Thank you for completing this form. Please post this to:

Talk It Out Therapy c/o Outreach Cumbria
9 Brunswick Street | Carlisle | Cumbria | CA1 1PB

Once we have received and reviewed this form, a staff member will be in touch to discuss the next steps.

Outreach Cumbria Talk It Out Therapy is Sponsored by:

