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| --- | --- | --- | --- |
| **1:1 Peer Support**  **Peer Support Specialists will work with you for up to 6-8 sessions to help you identify strategies and tools to help manage your mental health and well-being.** | | | |
| **Personal and Contact Details** | | | |
| **Name** |  | | **SHA No.** (office use only) |
| **Address** |  | | |
| **Postcode** |  | | |
| **Telephone** | Home:  Can we leave a message? Yes/no | Mobile:  Can we leave a message?  Yes/no | |
| **Email address** |  | | |
| **Date of Birth** |  | | |
| **Preferred method of contact (please tick)** | Letter  Email  Phone call Text | | |
| **Emergency Contact** | Name:  Number:  What is their relationship to you? | | |
| **During this challenging period, the Peer Support Service recognises that you may need support to help manage your well-being and mental health.**  **This could be by working together to identify positive coping strategies and techniques to manage unhelpful thoughts or feelings.**  **Additionally, we understand the importance of staying connected with each other and the value of talking to another person about how you are feeling.** | | | |
| **What do you feel you need support with as this time?**  Creating a positive routine  Managing stress/anxiety  Managing unhelpful thinking  Maintaining positive health and well-being  Loneliness  Motivation  Finding sources of support  Future goal setting | | | |

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| **Additional Information** | | |
| **Do you have any specific communication needs?**  **Yes / No**  If yes, please provide details | | |
| **Data Processing Statement** | | |
| **Southdown Housing Association**  **Data Processing Statement**  Any personal information you share with Southdown will be kept secure and used in line with the General Data Protection Regulation (GDPR).  It will only be looked at and used to help make sure we give you an effective service. This may include sharing the information across different parts of Southdown where this is necessary to ensure we give you the best possible support.  We may share the information with other support agencies if this would help you access other services or if we are concerned about you or someone else.  We understand that you may not want certain information about you shared with some people. This can make it difficult for us to give you all the support you need, so if you do not want information about you shared with another service or person, your worker will talk to you about how this might affect you.  We can share your information even if you have asked us not to if we are concerned about your safety or the safety of others, or where we are required to by law. We will try to discuss this with you before we share your information.  Remember you can discuss, withdraw, change or review your consent for Southdown to process your personal information at any time. You can also ask us to delete any information we hold about you. This will also be reviewed at your regular support plan review sessions with your support worker. If there are legal reasons why Southdown needs to retain your information we will talk to you about this to ensure that you are making informed decisions about how this might affect you. You can also ask to see the information Southdown holds about you.  If you are unhappy with the way Southdown uses your information please speak to us and we will do everything possible to address your concerns. If you are still unhappy you have the right to make a complaint to the Information Commissioner’s Office (ICO). More information about this is available on the ICO website at <https://ico.org.uk/for-the-public/>  More information about how Southdown stores and uses your data is available as a leaflet or on our website [www.Southdown.org](http://www.Southdown.org)  Please sign below to confirm that you understand how Southdown will use and process your information as outlined above  **Please type/tick below to confirm that you understand how Southdown will use and process your information as outlined above**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_ / \_\_ / \_\_** | | |
| **Third Party Referrer**  **If you are referring someone please provide the following information** | | |
| **Name:** |  | **Please tick to confirm that you person being the referrer have been given the consent by the referred and they are aware of this referral.** |
| **Organisation:** |  | |
| **Phone number:** |  | |
| **Email address:** |  | |
| **Please list any current risk or safety factors which might need to be taken into account when supporting this client.** |  | |

**Please return the completed form to the Peer Support Service at:** [**PeerServiceESussex@southdown.org**](mailto:PeerServiceESussex@southdown.org)

**Next Step.** Once we receive your referral form the Peer Service Coordinator will contact you/the person you have referred to explain more about the services we can offer and talk about the support you feel you/they need.

If you have any questions about the Peer Support Service, or your referral, please do not hesitate to contact the Peer Support Service at [**PeerServiceESussex@southdown.org**](mailto:PeerServiceESussex@southdown.org)or by calling the Peer Service Manager on 07772 613945