

Referral Form



- I am signing up for: Myself
- A friend or family member
- A patient or a client (please complete referrer details below)

| | |
|----------------------------|--|
| Date of referral | |
| Name of referrer: | |
| Referring organisation: | |
| Referrer telephone number: | |
| Referrer E.mail address: | |

| | |
|---|--|
| First Name: | |
| Surname: | |
| Date of Birth: | |
| National Insurance Number: | |
| NHS Number: (typically 10 digit number) | |
| Email address: | |
| Mobile number: | |
| Telephone number: | |
| Full address: (including Postcode) | |

| | |
|---|--|
| Gender: (Male/Female/Other/Pref not to say) | |
| Ethnicity: Asian or Asian British Black/African/Caribbean Mixed/Multiple ethnic group Other Ethnic group White | |

| | |
|---|--|
| Which of the following areas is your GP in?: Sandwell and West Birmingham Wolverhampton Dudley or Walsall Other (Please add details) | |
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| |
|---|
| GP Practice name and address (Including postcode if possible): |
| |

Where did you hear about Thrive Into Work?

- Through a Primary care provider (for example GP Surgery, IAPT)**

- Through a Community Health care provider (Please state which one)**

- Through a Community Non-Health Organisation (Please state which one)**

- Job Centre (Please state which one)**

- Friends or Family**

- Other (Please state details):**

| | |
|---|--|
| Is there anything else we should know at this stage? | |
|---|--|

- Please confirm that you are 18 years or older**

- Please confirm that you have a health condition or disability that you believe impacts your ability to gain or retain work**

- Please confirm that you are not currently signed up to a Work and Health Programme or another government funded programme
- Have you have been out of work for 4+ weeks and are interested in finding employment
- Have you have been out of work for less than 4 weeks and are interested in finding employment
- Are you currently employed but at risk of losing your job or on a period of sick leave

Please return this form to Thrive@prospects.co.uk
 If you have any questions, please call 07876 650 357

For office use only

Identification Check

- | | <i>Document must be less than 3 months old</i> | <i>Document must be less than 12 months old</i> |
|--|--|---|
| <input type="checkbox"/> Confirmed DOB | | |
| <input type="checkbox"/> Confirmed Postcode | | |
| <input type="checkbox"/> Confirmed NI/NHS No | | |
| <input type="checkbox"/> Current Valid Passport | | |
| <input type="checkbox"/> Full Birth / Adoption Certificate | | |
| <input type="checkbox"/> Biometric Residence Permit UK | <input type="checkbox"/> Benefit Statement | <input type="checkbox"/> Council Tax Statement |
| <input type="checkbox"/> Drivers Licence | <input type="checkbox"/> Utility Bill (not mobile telephone) | <input type="checkbox"/> P45 |
| <input type="checkbox"/> VISA / Work Permit UK | <input type="checkbox"/> Letter from Job Centre confirming entitlement to benefits | <input type="checkbox"/> P60 |
| | <input type="checkbox"/> HMRC Notification | <input type="checkbox"/> Financial Statement i.e. Pension / ISA |
| | <input type="checkbox"/> Bank Statement (not printed from internet) | |