

**For office use only**

Form reviewed: January 2023

# Music therapy self-referral form

To find out how we store and use the information you give us on this self-referral form and on the safety information form, please read our privacy notice at the end of this form (page 4).

**Help completing this form**

If you’ve any queries about this form or if you need it in an alternative format or need help communicating with us, get in touch to discuss your requirements on [enquiries@soundwell.org.uk](mailto:enquiries@soundwell.org.uk) or 0300 365 3400.

How did you hear about Soundwell?

**About you (the person who would like music therapy)**

|  |  |  |
| --- | --- | --- |
| Name |  | Pronoun (optional) |
| Postal address |  | |
| Phone number |  | |
| Email address |  | |
| Date of Birth |  | |

**About your key contacts**

|  |  |
| --- | --- |
| **Next of kin (if you have one)** | |
| Name |  |
| Relationship to you |  |
| Phone number |  |
| **Care co-ordinator (if you have one)** | |
| Name |  |
| Phone number and email address |  |
| Role/organisation |  |
| **GP** | |
| Name |  |
| GP surgery and phone number |  |

**About your mental health**

Please give a brief history of your mental health needs including any periods of hospitalisation

|  |
| --- |
|  |

What issues do you feel music therapy might support you with? (please tick)

1. Communicating

* Relating to people one-to-one
* Relating to people in a group
* Making myself heard/feeling I have a voice
* A way of expressing myself without words
* Help with thinking/talking about my problems/symptoms/feelings

2. Confidence

* Confidence in a group
* Self-esteem
* Feelings of powerlessness/helplessness

3. Addressing feelings of depression

* Help with motivation
* Feeling ‘stuck-in-a rut’
* Feeling low/depressed
* Help addressing feelings of despair

4. Addressing feelings of

* Isolation
* Anxiety
* Anger

5. Freeing my creativity

6. Any other issues (please say in the box below)

|  |
| --- |
|  |

Would you like to be considered for group or individual music therapy sessions? (please tick)

Group therapy  Individual therapy  Don’t know

**About a worker involved in your mental health care**

Please give details of someone involved in your care who we may discuss your self-referral with. This person must be a professional involved in your mental health care and can’t be a friend or family member.

|  |  |
| --- | --- |
| Name |  |
| Organisation/Team |  |
| Postal address |  |
| Phone number |  |
| Email address |  |
| Relationship  to you |  |
| Frequency of contact with you |  |

**Your agreement**

I give my consent for the information on this self-referral form and on the safety form to be shared with Soundwell

**(please sign and date below to show you agree to this)**

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

**Please return this self-referral form along with a copy of a completed recent safety information form to either** [**enquiries@soundwell.org.uk**](mailto:enquiries@soundwell.org.uk) **or Soundwell Music Therapy Trust, Quaker Meeting House, Wedmore Vale, Bristol BS3 5HX**



# Privacy notice

Soundwell Music Therapy Trust is a registered charity (1093992) which provides music therapy services. This privacy notice explains how we store and use your information when you refer yourself to Soundwell.

# Information we collect about you

We need to collect information about you when you refer yourself to our services. We collect information about you when you complete a self-referral form and send us a safety information form.

We collect information about you so we can decide with you and your worker, care co-ordinator or GP whether and how best we can support you. We also use the information to stay in contact with you until you tell us otherwise.

# How we use your information

We share the information you give us with people involved in providing and administrating our services. We may also discuss and share your information with your worker, care co-ordinator or GP.

If we are concerned about your or another person’s safety or in the case of an emergency, we may contact, discuss and share your information with your next of kin, worker, care co-ordinator, GP, the emergency services or other appropriate services. When we can we will always try to contact you before doing this.

If you need help with transport to attend our groups, we share your name, postal address and phone number with a transport company.

**What we do with your information**

Electronic copies of your information are stored in our secure, electronic filing system and in our secure, electronic database which can only be accessed by people involved in providing and administrating our services. If you return this form in hard copy the data will be saved electronically and the paper form will be securely destroyed.

# How long we keep your information

If you do not access our services we keep the information about you for up to two years after the date you completed this form. If you use our services we keep your information for up to seven years after you stop using our services. After this, we will securely destroy any electronic copies of your information. We will keep an anonymous copy of your information stored in our electronic database for as long as we consider it necessary.

# Find out more

If you would like to find out more about how we store and use your information, how you can get a copy of the information we hold about you, to ask us to correct or remove information about you which you think is inaccurate, or if you are concerned about the way we manage your information get in touch with our Finance and Administration Manager on [enquiries@soundwell.org.uk](mailto:enquiries@soundwell.org.uk) or 0300 365 3400.

If you are concerned with the way we store and use your information you can speak to the

Information Commissioner’s Office on 0303 123 113 or find out more on [www.ico.org.uk](http://www.ico.org.uk)



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Form reviewed: November 2020

# Equalities monitoring form

I give my consent for Soundwell to store and use the following information in accordance with the privacy notice on the back of this form **(please tick either yes or no)** **Yes**  **No**



**Name (optional) Or ‘I want to remain anonymous’ (please tick)**



**Date**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location**  (please write the first three letters of your postcode) | |  |  | **Ethnic origin/race/nationality**  (please tick which you identify with) | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | Arab |  |  |
|  | |  |  | Asian/Asian British – Bangladeshi |  |  |
| **Age** (please tick) |  |  |  | Asian/Asian British – Chinese |  |  |
| 15-19 years |  |  |  | Asian/Asian British – Indian |  |  |
| 20-24 years |  |  |  | Asian/Asian British – Pakistani |  |  |
| 25-34 years |  |  |  | Asian/Asian British – any other origin |  |  |
| 35-44 years |  |  |  | Black/Black British – African |  |  |
| 45-54 years |  |  |  | Black/Black British – Caribbean |  |  |
| 55-64 years |  |  |  | Black/Black British – any other origin |  |  |
| 65-74 years |  |  |  | Gypsy or Irish Traveller |  |  |
| 75-84 years |  |  |  | Mixed – White and Asian |  |  |
| 85 + years |  |  |  | Mixed – White and Black African |  |  |
| Prefer not to say |  |  |  | Mixed – White and Caribbean |  |  |
|  | |  |  | Mixed – any other origin |  |  |
| **Gender** (please tick which you identify with) |  |  |  | White British/English/Scottish/Welsh/N. Irish |  |  |
| Female |  |  |  | White Irish |  |  |
| Male |  |  |  | White – any other origin |  |  |
| Non-binary (neither only male nor only female) |  |  |  | Prefer not to say |  |  |
| Prefer not to say |  |  |  |  |  |  |
|  | |  |  | **Religion or belief** (please tick which you identify with) | |  |
| **Do you identify as trans?** (please tick) |  |  |  | Atheism |  |  |
| No |  |  |  | Buddhism |  |  |
| Yes |  |  |  | Christianity |  |  |
| Prefer not to say |  |  |  | Hinduism |  |  |
|  | |  |  | Islam |  |  |
| **Sexual orientation** (please tick which you identify with) | |  |  | Judaism |  |  |
| Bisexual |  |  |  | No religion |  |  |
| Gay man |  |  |  | Sikh |  |  |
| Heterosexual/straight |  |  |  | I use another term, please say \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Lesbian/Gay woman |  |  |  | Prefer not to say |  |  |
| Queer |  |  |  | **Are you a carer?**  (a carer provides unpaid support to family or friends who are ill, frail, disabled, or have a mental health need or substance misuse problem)  (please tick which you identify with) | |  |
| I use another term |  |  |  |  |
| Prefer not to say |  |  |  |  |
|  |  |  |  |  |
| **Do you consider yourself to be disabled or to have a mental health need?** (please tick) | |  |  |  |
| Physical, learning or sensory impairment |  |  |  | No |  |  |
| Mental health need |  |  |  | Yes |  |  |
| Prefer not to say |  |  |  | Prefer not to say |  |  |

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# Privacy notice

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# Information we collect about you

We want to ensure that our services are accessible. To help us with this we would like to collect information about who attends our sessions. **You do not have to give us this information if you do not want to. You will not be affected in any way if you do not give us any or only some information.**

# How we use your information

We only use the information you give us anonymously. Your information will only be used

* to understand and report on whether we are accessible to a range of people
* and to communicate this to our funders and supporters in our reports, leaflets, newsletters, and on our websites and social media

# What we do with your information

Electronic copies of your information are stored in our secure, electronic filing system and in our secure, electronic database which can only be accessed by people involved in providing and administrating our services. If you return this form in hard copy the data will be saved electronically and the paper form will be securely destroyed.

If you are a Soundwell client and have given us your name these details will stored alongside your other information but the equalities monitoring information will only accessed by our administrator (it will not be seen by your therapist). If you have chosen not to give us your name on this form or you have completed this at an outreach session, the information will be stored separately from any other information about you.

# How long we keep your information

If you give us your name, we will keep this information about you for up to seven years after you stop using our groups and for two years if you do not access our services. After this time, we will delete your information. We will keep an anonymous copy of your information stored in our electronic database for as long as we consider it necessary.

# Find out more

If you would like to find out more about how we store and use your information or if you are concerned about the way we manage your information, get in touch with our

Finance and Administration Manager on [enquiries@soundwell.org.uk](mailto:enquiries@soundwell.org.uk) or 0300 365 3400.

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