

Employee referral form - SilverCloud

Company name:

Name of referrer:

Job title/role:

Telephone no:

Email address:

Employee's details

Full name:

Email address:

Telephone no:

Date of birth:

Address:

Job role:

GP details:

Consent to contact, if required: Yes

No

Reason for SilverCloud referral:

Suicide, Self-Harm or Safeguarding Risk: Yes

No

If Yes please provide brief details and any action taken:

Place a cross in the box for programme best suited for your employee (if there are more than 1 please specify in which order eg. 1/2)	Please indicate (X)	Please specify for Mental Health programmes if, Supported or Unsupported option required	
Mental Health Programmes			
Space from Anxiety		Supported	Unsupported
Space from Depression & Anxiety		Supported	Unsupported
Space from Health Anxiety		Supported	Unsupported
Space from Depression		Supported	Unsupported
Space from COVID -19		Supported	Unsupported
Space from Money Worries		Supported	Unsupported
Wellbeing Programmes		Unsupported Programmes	
Space for Sleep		Unsupported only	
Space for Mindfulness		Unsupported only	
Space from Stress		Unsupported only	
Space for Resilience		Unsupported only	
Support route	Working at your own pace, a Ben Supporter will provide feedback and guidance as you progress through your program. They will agree a review date and on this date written feedback will appear on your Homepage or Messages page. Sometimes we may need to discuss your support over the telephone too.		
Unsupported self help	SilverCloud programs can be offered as a self-help option where individuals go through the programs without a supporter.		

Ben collects personal information from you when you apply for support from us. We offer a free service which is private and confidential for people who work or have worked in the UK automotive industry and their family dependants. We hold any personal information on a secure database, and this information is held for as long as it is relevant. Once this information is no longer required, we will safely and securely destroy it.

Please note, we may share anonymised information for statistical analysis. As part of our service we may encourage a referral to another service, organisation or agency. If this is considered, this will be discussed with you in detail and we will look to seek your consent which allows us to share your personal details with the referral partner.

The referral partner will provide you with information around how they store and share your details. You may also give us consent to talk to someone who is already supporting you. Ben will only consider sharing your information without prior consent if they feel there is a safeguarding concern, however we will always endeavour to seek your consent or make you aware.

This is when:

We believe your life is or someone else's life is in immediate danger

You are being hurt by someone in a position of trust

You tell us that you are harming another person.

There is fraudulent behaviour or financial abuse present.

By signing below, it demonstrates that you have read our personnel information statement and that you give Ben your explicit consent to store the information you provide to us. We will always treat any personal data that you share with us with the utmost care and security. For further information please see our privacy policy www.ben.org.uk/privacypolicy.

Employee signature & date

Signature:

Date:

This form acts as proof of industry connection

Thinking about you, please tick the box that you feel is most relevant at this present time.

1. Not thinking about it

Stuck, Anxious,
Alone, Unsure



2. Finding out how to make changes

Learning, Understood,
Accepting,



3. Making change

Supported,
Planning, Curious



4. I feel like I'm getting there

Excited, Positive,
Empowered



5. As good as it can be

Confident, In control,
Happier

