

## Eligibility

Blue Sky Trust's service is for:

- people living with HIV or their partners/close family members from Tyne & Wear, Northumberland, Durham or Cumbria

## Referral

You can refer yourself or ask a professional to refer you e.g. doctor, nurse, social worker, psychologist.

We prefer to receive referrals by telephone, but they can also be made by post or email. Please consider the confidentiality of sensitive information. The questions we will ask you are below.

Occasionally, we may have a waiting list due to high demand. If this is the case, we will share the waiting times with you. If we are unable to provide a service for any reason, we will explain why and try to signpost elsewhere.

## After Referral

After referral, we will contact the professional that you have given us permission to speak to. We ask professionals about any risks associated with working with a person. Then, we will meet with you to discuss what we have on offer and decide on next steps. See 'What's On' page on our website.

We look forward to hearing from you !



Castlegate  
Melbourne Street  
Newcastle  
NE1 2JQ

07989 155175  
[info@blueskytrust.org](mailto:info@blueskytrust.org)  
[www.blueskytrust.org](http://www.blueskytrust.org)



# Self Referral Form

## Contact Details

Full Name:

I like to be called:

DOB:

Mobile:

Landline:

Email:

I give permission to be contacted by (tick all that apply):

Email

Mobile – text

Mobile – call

Landline

Post

Other (give details):

Is there anything we need to know about contacting you?:

Address:

Is there anything we need to know about where you live?:

Who do you live with?:

Please tell us a little about yourself and how you think Blue Sky Trust can help you:

## Your Health

Month & year diagnosed:

Place of Treatment:

Consultant name:

GP Name and contact details:

Professionals/agencies involved with you:

Who is aware of your diagnosis?:



# Self Referral Form

## Significant Others

Do you have a partner?:

If yes, are they living with HIV?

Do you have children?

If yes, please give details and HIV status:

## Demographics

Gender:

Sexual Orientation:

Country of Origin:

Ethnicity:

Marital / Civil partnership status:

Religion or Belief:

Disability, please give details...

Employment Status:

## Professional Contact Details

Name of professional who knows me and I am happy for Blue Sky Trust to contact:

Agency:

Email:

Telephone Number: