**PERSONALITY DISORDER & COMPLEX NEEDS**

**SERVICE USER NETWORK: Expression of Interest Form**

The Personality Disorder & Complex Needs Service User Network (SUN) is a community based network for individuals aged 18+ within Essex who have a formal diagnosis of Personality Disorder and/or have complex emotional needs that may meet diagnostic criteria.

In summary, groups are designed to: offer a space for learning and growth, connection with peers who may be in a similar position to offer and receive peer-led support, facilitate understanding of Personality Disorder and associated difficulties and create opportunities for supported engagement. Through participation in the SUN, service users are empowered to have agency in managing their diagnosis and symptoms. It is accessed on a voluntary basis and service users can engage as much or as little as they would like in groups.

SUN groups are not clinical or therapy groups. Care co-ordination, risk management plans and 1:1 support are **not** part of the SUN provision. Expressions of interest, rather than referrals, are invited to reflect this. This is not a substitute for clinical intervention. We request the completion of this form to ensure that the group’s function will match your service user’s presentation and needs. Where the group is not indicated to meet the needs, we are able to support signposting and advice.

***What group are you raising an expression of interest for?***

|  |  |
| --- | --- |
| Personality Disorder and Complex Needs Awareness and Support Group (21+, professional to complete only) |  |
| Young Adult Awareness and Support Group for Complex Emotional Needs (18+, professional to complete only) |  |

***Please note that ALL fields must completed for the form to be actioned or it will be returned.***

|  |  |
| --- | --- |
| **Full Name:** |  |
| **NHS Number:** |  |
| **Locality/Area of Residence:** |  |
| **Service User’s Email Address:** |  |
| **Service User’s Contact Number:** |  |
| **Service User’s Date of Birth:** |  |
| **Full Consent Obtained to complete expression of interest form?** | Yes  No |
| **Name of Team/s currently open to:** |  |
| **Involved Person name & contact (e.g. care coordinator, consultant, support worker):** |  |
| **GP Surgery:** |  |

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| --- |
| **Based on the service user’s presentation of Personality Disorder, why do you think they will benefit from the SUN groups?** *(We are looking for why this* *service user might benefit from the SUN groups based on their presentation of Personality Disorder and associated difficulties. We do not require whole assessments but need to understand why they may find our group helpful):* |

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| --- |
| **What does the service user hope to gain from attending the group? Do they have any particular strengths/interests?** |

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| --- |
| **Any other comments:** |

Once complete, please return this form to the Service User Network inbox: [epunft.pd.cnsun@nhs.net](mailto:epunft.pd.cnsun@nhs.net)

Please title the email ‘Expression of Interest Form’ with the clients initials.