

**Connect Bassetlaw**

**Referral Form**

**Details of person being referred:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title (Mr/Mrs/Miss/Ms/Mx) |  |
| Date of Birth |  | Gender |  | Personal Pronouns  |  |
| Address andPostcode |  |
| Telephone No. |  | Mobile Phone No. |  |
| E-mail address |  |
| Preferred method of contact  |  |
| Is the person a Carer for someone else? | No |[ ]  Yes (if so, who for?) |[ ]
| Has the client given consent to store personal Data? | Yes: |[ ]  No: |[ ]  Referral Date |  |
| *Our Privacy Notice can be found at* [*https://www.frameworkha.org/privacy-policy/*](https://www.frameworkha.org/privacy-policy/) |
| **Referrer’s details:** |
| Name |  |
| Relationship to client |  |
| Email |  | Tel number |  |
| Organisation / agency |  |
| How did you hear about Connect? |  |
| Is the client above aware they are being referred? | Yes |[ ]  No |[ ]

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| --- |
| **Reason for referral** (What would the person like support with - *Include details of health conditions, Housing issues, Finances and Debts that may need to be considered*) |
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| **Are there any other services or key people involved in the care of the service user, e.g. Social Worker, Care/Health services, family members, etc.?** |
|  |

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| **Does the person being referred experience any health conditions or vulnerabilities?** *Please tick at least one.* |
| Age 65+ |[ ]
| Dementia |[ ]
| Neuro diverse condition |[ ]
| Mild or Moderate Learning Disability |[ ]
| Acquired Brain Injury |[ ]
| Physical Disability |[ ]
| Long term Health condition |[ ]
| **Other vulnerabilities (please explain below)** |[ ]
|  |

**Risk assessment** (please tick and detail anything that the Connect service needs to know prior to visiting the person at home so we can ensure the health and safety of our lone workers):

|  |  |  |
| --- | --- | --- |
| Risks | yes | Further information |
| No Known Risks  |[ ]   |
| Smokers in the house |[ ]   |
| Pets in the house |[ ]   |
| Safeguarding concerns  |[ ]   |
| Dangerous Behaviours |[ ]   |
| Substance misuse |[ ]   |
| Alcohol Misuse  |[ ]   |
| Known Self – Harm |[ ]   |
| Suicide Attempts |[ ]   |
| Abused or Exploited |[ ]   |
| Verbal Aggression to others? |[ ]   |
| Abuse/Harassment to others? |[ ]   |
| Sexual Assault/Exposure |[ ]   |
| Known Risk to Children |[ ]   |
| Self-care/neglect |[ ]   |
| Accidental Harm (Fires) |[ ]   |
| Damage to property |[ ]   |
| Known to police |[ ]   |
| License/Bail conditions |[ ]   |
| Anger/Impulsive Behaviours |[ ]   |
| Known Incident of Violence? |[ ]   |
| If yes, to whom? |  |  |
| Staff |[ ]   |
| Friends/Family |[ ]   |
| Public |[ ]   |

**Equality and Diversity monitoring information:**

|  |  |
| --- | --- |
| **Ethnic origin:**  |  |
| Asian or Asian British | Indian |[ ]
|  | Pakistani |[ ]
|  | Bangladeshi |[ ]
|  | Chinese |[ ]
|  | Any other Asian background |[ ]
| Black, Black British, Caribbean or African | Caribbean |[ ]
|  | African |[ ]
|  | Any other Black, Black British, or Caribbean background |[ ]
| Mixed or multiple ethnic groups | White and Black Caribbean |[ ]
|  | White and Black African |[ ]
|  | White and Asian |[ ]
|  | Any other Mixed or multiple ethnic background |[ ]
| White | English, Welsh, Scottish, Northern Irish or British |[ ]
|  | Irish |[ ]
|  | Gypsy or Irish Traveller |[ ]
|  | Roma |[ ]
|  | Any other White background |[ ]
| Other ethnic group | Arab |[ ]
|  | Any other ethnic group |[ ]
| Don’t know or do not wish to disclose |  |[ ]

|  |  |
| --- | --- |
| **Religion or Belief:** | Buddhist |[ ]
|  | Christian (all denominations) | [ ]  |
|  | Hindu |[ ]
|  | Jehovah Witness |[ ]
|  | Jewish |[ ]
|  | Muslim |[ ]
|  | Sikh |[ ]
|  | None |[ ]
|  | Do not wish to disclose |[ ]
|  | Not known |[ ]
|  | Any other religion |[ ]
|  |  |
| **Nationality:** |  |
|  |  |
| **Preferred language:** | Click or tap here to enter text. |
|  |  |
| **Sexual orientation:**  | Prefer not to say |[ ]
|  | Heterosexual |[ ]
|  | Gay |[ ]
|  | Lesbian |[ ]
|  | Bisexual |[ ]
|  | Asexual |[ ]
|  | Pansexual |[ ]
|  | Other |[ ]
|  | Not known  |[ ]
|  |  |
| **Does the person being referred consider themselves to be transgender?**  | Yes |[ ]
|  | No |[ ]
|  | Don’t Know |[ ]
|  | Does not wish to disclose |[ ]
|  |  |
| **Does the person being referred consider themselves to have a disability?**  | Yes |[ ]
|  | No  |[ ]
|  |  |

* **Please forward this form to** **connectbassetlaw@frameworkha.org** **or contact Connect Bassetlaw on 01623 675402 to speak with a staff member.**