

## Appendix A - Referral Form

**Service:**

**Referral Date:**

### General Information:

<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Telephone</b>			
<b>Email</b>			
<b>Date of Birth</b>		<b>Age</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>

### Referral Information:

<b>Referred by</b>	
<b>Reason for referral</b>	
<b>Type of Service Required and Expectations of Service (i.e. outcomes to be delivered)</b>	
<b>Details of Ability/Disability</b>	
<b>Does the referral have capacity?</b>	
<b>Detail any intensity and complexity associated with</b>	

the disability	
Known to present with challenging behaviour –	

**Where a referral is known to present with challenging behaviour please give as much detail as possible including current behavioural management strategies. As well as our staff being able to provide the relevant support, please also consider the environmental and sensory factors required when ascertaining if the placement would be suitable for the individual.**

#### **Staff Training:**

Detail specific training staff are required to undertake (depending on the individuals support needs, staff may require training before any support can commence. Please consider this when agreeing a start date)	
Training delivered by CS	
Training delivered by external professional	
Funding provider for external training (Recurring costs would need to be agreed)	

#### **Any Other Relevant Information**

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**Other referral form attached: Yes/No**

**Level of Service requested:**

Daily	Weekly	Monthly

**Frequency of Support required:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Night							

**Key Contacts:**

<b>Next of Kin name</b>		<b>Relationship to referral:</b>
<b>Address</b>		
<b>Postcode</b>		
<b>Telephone</b>		
<b>Email</b>		
<b>Social Worker name</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>Telephone</b>		
<b>Email</b>		
<b>Psychologist / Psychiatrist name</b>		
<b>Address</b>		

<b>Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>GP name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Therapist name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	

<b>School attended</b>	
<b>Head Teacher name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone</b>	

<b>Email</b>	

**Any other Key Contacts:**

<b>Name</b>		<b>Relationship</b>
<b>Address</b>		
<b>Postcode</b>		
<b>Telephone</b>		
<b>Email</b>		

**Funding**

<b>Has funding been agreed?</b>	<b>Yes</b>	<b>No</b>
<b>When will funding be secured?</b>		
<b>How will funding be secured?</b>		
<b>Who will Authorise Payment of Service?</b>		
<b>Who should invoices be sent to?</b>		

**Form completed by:**

<b>Name</b>	
<b>Job Title</b>	
<b>Date</b>	

**Referral Approved by:**

<b>Name of Service Manager/Head Teacher</b>	
<b>Signature of Service Manager/Head Teacher</b>	
<b>Date</b>	
<b>Name of Operations Manager/</b>	
<b>Signature of Operations Manager</b>	
<b>Date</b>	

**Proposed Start Date:**