

**REFERRAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Local Authority: |  |

**Person Making the Referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: Mr. Mrs. Ms. |  |
| Email: |  | Phone: |  |
| Mobile |  | **Best Time to Call**: |  |

**Commissioning Team Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: Mr. Mrs. Ms. |  |
| Email: |  | Phone: |  |
| Mobile |  | **Best Time to Call**: |  |

**Service User’s Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| DOB/Age: |  | Sex: |  |
| Religion: |  | First Language: |  |
| Ethnicity: |  | Legal Status: |  |

|  |  |
| --- | --- |
| Next of Kin (in case of emergency: |  |
| Date Supported Accommodation Required: |  |
| Estimated Length of Time Required:  (Short/medium/long term) |  |
| Reason for Referral: |  |
| Primary Concerns/History: |  |
| Any Additional Needs? |  |
| Level of Support Required:  (Low/Medium/High Level) |  |

**Health:**

|  |  |
| --- | --- |
| Are there any identified health problems? |  |
| Name, address, and telephone number of other agencies involved? |  |
| Details of any allergies: |  |
| Any specific healthcare requirements? |  |
| Any special dietary needs? |  |
| Is there an identified disability? |  |

**Skills:**

|  |  |
| --- | --- |
| What is the young person’s current level of ability in the following areas? | |
| Communication |  |
| Comprehension |  |
| Self Care |  |
| Independence Skills |  |
| Socialising |  |
| Behaviours |  |
| Any other relevant information |  |

**Details of proposed placement:**

Anticipate Start date: / /2020

Has funding been approved for this placement: Yes/No

Name of person/panel who has/have authorised funding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Late Payment Charge***

*Invoices will be submitted on a monthly basis and are due for payment on presentation.*

*If payment is not received within 28 days of the invoice date, Spire Squared reserves the right to charge interest pursuant to the late payment charge of commercial debts (interest) Act 1998 on the outstanding amount.*

***For Purchaser/Social services***

***Team Manager Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Full Name & Position held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***For Provider/Spire Squared***

***Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Full Name & Position held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**RISK ASSESSMENT** 

**To be completed in full by referrer**

|  |  |
| --- | --- |
| Risk Assessment Reference Number: |  |
| Name of assessor: |  |
| Date risk assessment completed: |  |

**Areas of concern:**

|  |  |  |
| --- | --- | --- |
| HAZARD IDENTIFICATION/RISK ASSESSMENT:  (To be completed in full) | YES | NO |
| Is there a history of physical assault on peers?  Trigger Points: |  |  |
| Is there a history of physical assault on Professionals?  Trigger Points: |  |  |
| Is the person likely to bully others?  Trigger Points: |  |  |
| Is the person likely to be victimised?  Trigger Points: |  |  |
| Is there any history of verbal aggression?  Trigger Points: |  |  |
| Any reason to believe the person is sexually coercive or may abuse?  Trigger Points: |  |  |
| Is the young person openly racist/sexist in expression?  Trigger Points: |  |  |
| Can this person relate well to professionals?  Trigger Points: |  |  |
| Can this person relate well to peers?  Trigger Points: |  |  |
| Any history of sexual/emotional abuse?  Trigger Points: |  |  |
| Is there any history of criminal damage in residential/supported units? |  |  |
| If yes, was the damage serious and/or frequent?  Trigger Points: |  |  |
| Any history of non-accidental injury?  Trigger Points: |  |  |
| Is there any history of drug use?  Trigger Points: |  |  |
| Is there any history of self-harm?  Trigger Points: |  |  |
| Is there any history of Arson?  If yes, please provide details:  Trigger points: |  |  |
| Is there a history of physical assault on Professionals?  Trigger Points: |  |  |
| Is the person likely to bully others?  Trigger Points: |  |  |
| Is the person likely to be victimised?  Trigger Points: |  |  |
| Is there any history of verbal aggression?  Trigger Points: |  |  |
| Any reason to believe the person is sexually coercive or may abuse?  Trigger Points: |  |  |
| Is the young person openly racist/sexist in expression?  Trigger Points: |  |  |
| Can this person relate well to professionals?  Trigger Points: |  |  |
| Can this person relate well to peers?  Trigger Points: |  |  |
| Any history of sexual/emotional abuse?  Trigger Points: |  |  |
| Is there any history of criminal damage in residential/supported units? If yes, was the damage serious and/or frequent?  Trigger Points: |  |  |
| Any history of non-accidental injury?  Trigger Points: |  |  |
| Is there any history of drug use?  Trigger points: |  |  |
| Is there any history of self-harm?  Trigger points: |  |  |
| Is there any history of Arson?  If yes, please provide details: |  |  |
| Is the young person currently on the child protection register? |  |  |
| Does the young person demonstrate Sexualised behaviour?  Trigger points: |  |  |
| Does the person understand the consequences? |  |  |
| Is the person aware of their condition/s  Details: |  |  |

**Criminal Record:**

|  |  |
| --- | --- |
| Does the Service User have a Criminal Record? If yes, please provide details? |  |
| Are there any pending Court Appearances? |  |
| Are there any current Court Orders? |  |
| Are there any injunctions for or against the Service User? |  |

**Summary/ Risk assessment/ Control measures:**

|  |  |  |
| --- | --- | --- |
| HAZARD IDENTIFIED | POTENTIAL RISK (low/med/high) | CONTROL |
|  |  |  |

***Form to be circulated to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial Assessor)***

***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Manager)***