## REFERRAL FORM *Apr2016* Date ………….………………….…….…….

## Has client agreed to accept Kingsbridge & Saltstone Caring (KASC)? Yes / No

**Is this a self-referral? Yes / No.** If No, who is referring? Name ……………………………………….………….

Position……………………………Organisation ………………..……. Tel ….…………………. Email ………………………

Name of potential client ………………………………………………… Date of birth ………………………

Address …………………………………………………………………………………………….……. Postcode …………………...…

Tel No ………………………………… Ethnic origin ………………………….

GP name ……………………………… Practice name ………………………………………….

Disabilities …………………………………… Key worker …………………………………….…Tel …………….…………….

Does client live alone? Yes / No If no, names of other occupiers of dwelling:

 *1)Name ……………….… Relationship ……..………. 2)Name ………………… Relationship ………………………*

***Is client a smoker? Yes / No*** *NB Kingsbridge & Saltstone Caring adopt the official NHS smoking policy with regard to outreach workers, whereby the client needs to refrain from smoking half an hour before our worker is due to arrive, and refrains from smoking whilst the worker is present.*

Emergency contact/next of kin ………………………………….…….…….…. Tel ………………..………….………

Has the client or their partner ever been in the UK armed services:- Yes / No / Don’t know

**Please indicate the type of support required**

|  |  |  |
| --- | --- | --- |
|  |  | *Why is this a need? How would the client like KASC to help?* |
| 1 Companionship |  |  |
| 2 Transport to non-medical  appointments |  |  |
| 3 Help with socialising |  |  |
| 4 Carer relief |  |  |
| 5 Collecting prescriptions |  |  |
| 6 Shopping |  |  |
| 7 Provision of information  for professional and  other useful services |  |  |
| 8 Other |  |  |

**Background and any other additional information**

***Are there any health and safety issues that we need to consider when placing a volunteer with this client? ie pets, access, smoking***

***NB: If not self-referral, please note that any information provided can be shared with the client.***

**Declaration**

The information you have provided on this form will be used by Kingsbridge and Saltstone Caring Ltd (KASC) for purposes only in connection with the running of “KASC”, which includes communicating by post, telephone and email. It will never be disclosed for marketing purposes.

The data is stored on a computer and/or in a ledger and may be provided to Trustees, Members, Volunteers and other professionals by email or telephone when it is needed to facilitate the running of “KASC” and provide the benefits of “KASC” support to you.

In the event that you cease to be a “KASC” client your details can be removed from our stored records within 28 days of a written request to the address on this form.

You have a right to complain to the Information Commissioner’s Office if you have concerns over “KASC” handling of your data.

**Please print and sign your name below to indicate that you have read and accept these terms and that you will accept a visit from the Kingsbridge & Saltstone Caring Support Co-ordinator.**

**Client Name…………………………………. Signature ……………………………………………… Date ………………………….**

**Referrer Name ……………………………. Signature (if relevant) …………………………… Date ………………….…….**

**………………………………………………………………………………………………………………………………………………….**

**To be completed by Support co-ordinator:**

First action ……………… ……………………. Support Co-ordinator visit.………………….

Volunteer start date …….……………………. Volunteers name ………………….………….

Saltstone support ended …………….………. Not matched ………………….………………

Referred on to …………………………………………………………….………………………….