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| **REFERRAL FORM** |

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| **Service Details** |
| **Service Name** | Telford and Wrekin Floating Support Service |
| **Service Address** |  |
| **Contact Number** |  |
| **Email Address** |  |

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| **ReferrAL INFORMATION** |
| **Please return referral form to the email address below** |
| **Date Referral Sent**  |  |
| **Email Address for Referrals** |  |

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| **Referrer Details** |
| **Referrer Name**  |  |
| **Referrer Organisation** |  |
| **Position / Role** |  |
| **Contact Number** |  |
| **Contact Email** |  |
| **In what capacity do you know the person you are referring?** |  |
| **How long have you known the person you are referring?** |  |

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| **Applicant Details** |
| **Preferred Title** | **Mr** |  | **Miss** |  | **Mrs** |  | **Ms** |  | **Other** |  |
| **First Name(s)** |  | **Surname** |  |
| **Other Name (s) Known As** |  |
| **Date of Birth** |  | **Age** |  |
| **Place of Birth** |  |
| **Immigration Status** |  |
| **National Insurance Number** |  |
| **Current Address** |  |
| **Post Code** |  |
| **Landlord Details** |  |
| **Home No.** |  | **Mobile No** |  |
| **Email Address** |  |
| **Preferred Method of Contact** |  |
| **Preferred Language**  |  |
| **Does the applicant require an interpreter?** | **Yes** |  | **No** |  |
| **Does the applicant have a disability?** | **Yes** |  | **No** |  |
| **Please specify?** |  |

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| **Applicant Consent** |
| **Has the applicant consented to this referral?** | **Yes** |  | **No** |  |

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| **Housing Details – Current Accommodation** |
| **What type of accommodation does the applicant currently occupy?** |  |
| **How long has the applicant lived at their current address?** |  |
| **How permanent is this accommodation?** |
| **Permanent** |  | **Temporary**  |  | **Homeless** |  |

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| **Does the applicant need to leave their accommodation?** | **Yes** |  | **No** |  |

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| **Who does the applicant live with?** | **Live Alone** |  | **With Partner** |  | **Other** |  |
| **Other (please specify)** |
| **Name** | **Date of Birth** | **Relationship to Applicant** |
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| **Does the applicant have any pets?** | **Yes** |  | **No** |  |
| **If yes - What type of pet does the applicant have?** |  |
| **How long has the applicant lived in Telford and Wrekin for?** |  |
| **Has the applicant been issued with an eviction notice?** | **Yes** |  | **No** |  |
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| **Medical and Health Information** |
| **Does the applicant have any existing medical conditions?** | **Yes** |  | **No** |  |
| **If yes, please provide details below** |
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| **Does the applicant have any other identified support needs?** *Please tick all that are relevant* |
| **Physical Disability** |  | **Mobility** |  | **Mental Health** |  |
| **Communication Needs** |  | **Literacy** |  | **Sensory Impairment** |  |
| **Domestic Violence** |  | **Substance Misuse** |  | **Ex Offender** |  |
| **Care Leaver** |  | **Sex Worker** |  | **Other Vulnerable Person** |  |
| **If other, please detail below** |
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| **Current Situation / Reason for Referral** ***(Please include support needs and any safeguarding concerns)*** |
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| **Services / Agencies Involvement** |
| **Please provide details of other services/agencies involved with the applicant or have regular contact with:** |
| **Name** | **Role**  | **Address and Contact Number** |
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| **Next of Kin Details** |
| **Preferred Title** | **Mr** |  | **Miss** |  | **Mrs** |  | **Ms** |  | **Other** |  |
| **First Name(s)** |  | **Surname** |  |
| **Current Address** |  |
| **Post Code** |  |
| **Home No.** |  | **Mobile No** |  |
| **Email Address** |  |

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| **Information Sharing and Consent** |
| Information on this referral form will be shared within the Trident Telford and Wrekin Floating Support Service for the purpose of assisting to address the applicant’s support needs. There will be times where we will need to contact relevant agencies about this application as part of our application process.By signing this form, you are providing permission and agree to sharing of information for the intended purpose. Where you are making the referral on behalf of the applicant, you agree you have gained consent to provide information and share this information with us and the intended purpose. |
| **Print Name** |  |
| **Signature of Applicant** |  |
| **Date** |  |
| **Print Name**  |  |
| **Signature of Referrer** |  |
| **Role** |  |
| **Date** |  |

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| **Trident Reach Consent Form**  |
| This consent form is to provide Trident Reach to contact other people/agencies for further information.Please ensure the consent form below is completed, signed, and dated when returning this referral form.  |
| **Applicant Name:** |  |
| **Name of Service applied for:** |  |
| **Information that is okay to be shared with Trident Reach** |
| Health Information | **Yes** |  | **No** |  |
| Medical Information | **Yes** |  | **No** |  |
| Disability information / history | **Yes** |  | **No** |  |
| Housing / Accommodation information | **Yes** |  | **No** |  |
| Employment, education, training information | **Yes** |  | **No** |  |
| Current Situation | **Yes** |  | **No** |  |
| Support Needs | **Yes** |  | **No** |  |
| Background History including risk history  | **Yes** |  | **No** |  |
| Any safeguarding concerns | **Yes** |  | **No** |  |
| Services / Agencies working with the applicant | **Yes** |  | **No** |  |
| **Information I/Applicant does not want the following information to be shared** |
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| I/Applicant gives consent for Trident Reach staff to request the above information and acknowledge that in exceptional circumstances when someone may be harmed or where the law requires it, staff may contact agencies or individuals without my/applicant’s consent.I/Applicant is aware that this can be discussed, withdrawn, changed, or reviewed at any time. |
| **Applicant Name**  |  | **Date** |  |
| **Applicant Signature** |  |
| **Office Information: Please upload consent form to applicant’s file on Inform.** |