

**Referral Form – Adult**

**Please return this form to robert@inclusive-pathways.co.uk**

| ***Client Details:*** |  |
| --- | --- |
| ***Name:*** |  |
| **Address:** |  |
| **Phone number:** |  |
| **E Mail:** |  |
| **Parent Carer/ Information:** |  |

| ***Partner organisation information:*** |
| --- |
| **Referrer name:** |  |
| **Organisation/Agency/ department (e.g. CAMHS, School):** |  |
| **Address:** |  |
| **Phone number:** |  |
| **E mail:** |  |
| **Funding agreed by (name):** |  |
| **Numbers of hours per week:** |  |
| **Length of services agreed:** |  |
| **Review date for service:** |  |
| ***Payment information:*** |
| **Name:**  |  |
| **E mail:** |  |
| **Address (if different to above):** |  |
| **Pay Reference (If applicable):** |  |

| ***Risk factors; (Tick as appropriate):*** |
| --- |
|  |
| ◻ Bullying |
| ◻ Substance abuse self ◻ or family member ◻  |
| ◻ Mental illness self ◻ or family member ◻ |
| ◻ Domestic violence  |
| ◻ Physical disability  |
| ◻ Learning disability  |
| ◻ NEET |
| ◻ Young carer  |
| ◻ Challenging behaviour◻ Physical violence◻ Self harm |
| ◻ Risky sexual behaviour◻ Loss of parent through death/seperation◻ Contact with care system◻ Contact with criminal justice system self ◻ or family member ◻◻ Family breakdown◻ Abuse - Physical ◻ neglect ◻ sexual ◻ financial ◻ emotional ◻ verbal ◻◻ Housing issues◻ Social communication issues ◻ Traveling in vehicles◻ Internet/communication risks◻ Being in the community/public spaces |

| ***Referral Information:*** |
| --- |
| **Please provide full information regarding why the client is being referred including brief background/family situation/history including details of the risk factors outlined above. (Please attach any additional relevant information that would support Inclusive Pathways Education with this referral, for example care plans, CIN/ Safeguarding notes etc)** |
|  |
|  |
| ***Additional Information:*** |
| **Please provide additional information regarding any additional risk regarding the placement that Inclusive Pathways Education need to be aware of prior to starting the placement. e.g. Triggers, things to avoid, aggressive behaviours, Communication needs, violence of family members physical impairments that may affect activities etc.** |
|  |  |

| ***Medical information:*** |
| --- |
| **Please provide information of any medical concerns and medications, illnesses or disabilities. Please note, we do not administer medications or provide domiciliary (personal) care.**  |

| ***Other services working with the client:*** |
| --- |
| **Please give details of any other services or organisations already working with the client e.g. Social Services, CAHMs, Youth Projects, Mental health professionals AND if any formal assessments have taken place (e.g. CAF).** |
|  |

| ***Please identify person centred outcomes below:*** |
| --- |
| **1:** |  |
| **2:** |  |
| **3:** |  |
| **4:** |  |

**Signature of Referrer:………………………………….**

**Position:………………………………. Date:……………………………………**