**Adult Services - Programme Referral Form**

|  |  |
| --- | --- |
| **Referrer’s Details** | **To be completed by Referrer** **All sections must be completed or referral will not be accepted** |
| Programme referring to: |  |
| Name of and post held by Referrer: |  |
| Agency of referrer: |  |
| Referrer’s contact details:  | Email address:Mobile Tel No.:  |
| Date of Referral: |  |
| **Client’s Details** | **To be completed by Referrer**  |
| First Name: |  |
| Surname: |  |
| Preferred Name: |  |
| Title: | Mr Mrs  **Miss** Ms Other |
| Address: |  |
| Post Code: |  |
| Town of Birth: |  |
| Phone Number: | Landline:Mobile: |
| Email address: |  |
| D.O.B: |  |
| Please log any known Disabilities or Medical Issues:Please highlight  | Autism spectrum disorder Hearing impairment Disability affecting mobility Mental health difficulty Dyslexia Severe learning difficulty Moderate learning difficulty Dyscalculia Profound complex disabilities Social and Emotional difficulties Visual Impairment Asperger’s syndrome Temporary disability after illness (post -viral)/accidentOther physical disability Other specific learning difficulty Other medical condition (epilepsy, asthma, diabetes)Other learning difficulty Other learning disability  |
| Name and address of GP: |  |
| Emergency Contact Name and Number: |  |
| Dietary requirements |  |
| Ethnicity (please tick): | White-British White-Irish White-OtherMixed-White and Black CaribbeanMixed-White and Black AfricanMixed-White and Asian Mixed-OtherIndian Pakistani Bangladeshi Asian-Other Caribbean African Black-OtherChinese Other Not Stated Not known |
| Preferred Language: |  |
| Religion (if known): |  |
| Gender: | Female Male Gender Diverse |
| Sexual Orientation (if known): | Heterosexual/Straight Gay LesbianBisexual Unsure  |
| Employment Status:  | Employed – Full time Employed – Part timeUnemployed (eligible for benefits) Unemployed (not eligible for benefit’s) Student – Full time Student – Part time |
| What is their Prior Attainment (please highlight as appropriate) | Entry Level Level 1 Level 2 Level 3 Level 4 Level 5  |
| Relationship Status: |  |
| Partner/Ex-partner details:(Name; Address; Risk Factors) Please complete |  |
| Details of Social Worker and/or other Professionals involved: |  |
| Known risk factors (previous convictions): |  |
| Known Addictions – Drugs, Alcohol Gambling  |  |
| Has the person been affected by any of the following? NO YES Details: | DV between child and Father DV between child and MotherDV Father abusing MotherDV Mother abusing FatherDV between parent and their partnerDV between child and extended familyCoercive or controlling behaviour Sexual AbuseAlcohol/ Drug MisuseDebt or unemployment concernsMental Health concernsAnti-social behaviour |
| Is the participant a parent/guardian or currently pregnant? | Yes No Not known |
| Child(rens) name(s); Date(s) Of Birth(s); School they currently attended | Name DOBSchoolName DOBSchoolNameDOBSchool |
| Who does the child(ren) live with:Address(es): |  |
| Is the child(ren) on any plans: (i.e CIN, CP, PLO) |  |
| Reason for Referral: |  |
| **Thank you for the information provided. The Referral will now be processed and a member of the DVA team at RCT will contact the individual you have referred shortly to plan appropriate interventions.****For completion by RCT staff only** |

**Continuing Service Requirements**

**Participant Consent**

As a participant on an RCT programme you will be asked to supply personal data in written form. This will include name, address, DOB, contact details and next of kin details. We may ask for additional information regarding the support you receive, professionals you work with and any other personal needs. Additionally, notes will be made from each session. Personal data that we collect from any source will be kept securely on an online database.

Under the GDPR and Data Protection Act 2018, you are entitled to view, amend, or delete the personal information that we hold.

We cannot guarantee complete confidentiality because of our legal and ethical responsibilities and it may be necessary to break confidentiality;

* If you pose a risk of serious harm to yourself or another person
* If I believe a child or vulnerable adult is at risk of harm or abuse
* If you share information about a serious crime that has not previously been disclosed to the authorities.
* If it is in the client’s best interests and they are not able to consent for themselves.
* Where there is a legal obligation to do so.
* When requested by a client’s insurance company in respect of a claim
* Where partner agencies may need the information to provide further support.

In these case’s information can be passed to the relevant partner agencies, Social services, GP and emergency Services.

Information may also be shared with agency partners and other support professionals that are involved in your care. This is to enable a multi-agency approach and the best possible support.

By signing this agreement, you are providing your agreement that we can obtain and/or share information about you and your children. This also applies to any information you may disclose during our sessions together and consents to RCT sharing relevant information to partner agencies.

I must ask you to sign below to state you understand what you have been informed. Failure to sign will result in the termination of this meeting and of us working together.

Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**An obligation by the supplier to continue performing the services at the same level of quality for the transition period and to continue to comply with all the obligations in the contract.**

* **Requirements for the provision of parallel services for a certain period, with the right to extend the term as necessary to resolve issues before the final cutover.**
* **An obligation by the supplier to keep the same supplier team performing services during the transition period.**
* **Confidentiality on any communications regarding the termination of the relationship.**

**1. Continuing Service Requirements**

**An exit strategy should set forth the Organisation’s service requirements for the period during which the parties are transitioning out of the relationship. These requirements may include:**

* **An obligation by the supplier to continue performing the services at the same level of quality for the transition period and to continue to comply with all the obligations in the contract.**
* **Requirements for the provision of parallel services for a certain period, with the right to extend the term as necessary to resolve issues before the final cutover.**
* **An obligation by the supplier to keep the same supplier team performing services during the transition period.**
* **Confidentiality on any communications regarding the termination of the relationship.**