Support your way Guideposts Trust

**Referral Form to Friendship 4 All service**

Friendship 4 All offers support for adults with learning disabilities to meet new people and develop meaningful relationships through social groups. The service provides groups and activities Hertfordshire and Oxfordshire.

Please tick the area you are interested in.

☐ Hertfordshire ☐ Oxfordshire

**PRIVATE AND CONFIDENTIAL**

**PART A – CLIENT DETAILS**

First Name: _____Last Name: _____Title: _____

Date of Birth: _____Home Telephone: _____Mobile Number: _____

Address: _____

_____Post Code: _____

Email: _____

Preferred communication Method(s): □ Phone □ Email □ Post □ Text Message

**PART B – DETAILS OF RELEVANT PEOPLE**

Next of Kin:_____ Contact number:_____

Relationship:_____ Email:_____

Carer's Name (if applicable) _____Contact number:_____

General Practitioner: _____Tel No_____

Address: _____

_____Post Code: _____

Consultant Psychiatrist: _____ Tel No_____

Social Worker: _____ Tel No_____

Care Co-ordinator/Manager: _____ Tel No_____

**PART C – REFERRER DETAILS**

Details of Referrer:

Name: _____ Tel No: _____

What is your relationship to the client? _____

Job Title: _____ Email: _____

Organisation: _____

Address: _____

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_____ Post Code: _____

Has the Client given consent for this Referral? □ Yes □ No

**PART D – SUPPORT REQUIRED**

**Reason for referral:**

□ Wants to build confidence
□ Feels isolated
□ Respite cover
□ Wants to gain new skills
□ Other (please specify) _____

**Activities and Interests:** (Please indicate preferred interest groups from the below list )

Activity costs apply and are dependent on the group and activity

**Oxfordshire Groups**

- ☐ Social Groups
- ☐ Online Groups

**Hertfordshire Groups**

- ☐ Art groups
- ☐ Community social activities
- ☐ Health and exercise – Fit for Fun
- ☐ Health and exercise – Walking group
- ☐ Weekend activities
- ☐ Coach Trips
- ☐ Social lunch club
- ☐ Social brunch club
- ☐ Social Pool / Snooker
- ☐ Social clubs

**Location of activities :** (Please indicate from the below list location of areas )

- ☐ St Albans
- ☐ Harpenden
- ☐ North Hertfordshire
- ☐ East Hertfordshire
- ☐ Welwyn and Hatfield
- ☐ Broxbourne
- ☐ Oxfordshire
- ☐ Online

**Transport**
Transport to and from activities is not provided by the service. Transport costs are for the service users account.

## PART E – EMERGENCY CONTACT

Name: _____ Tel No: _____

Address: _____

Relationship: _____

(Partner, Family member, social worker, GP – please specify)

## PART F – BACKGROUND AND MEDICAL HISTORY

**Please tick all that apply**

□ Learning Disability □ Learning Difficulty □ Diagnosed with Autism □ Awaiting Autism Assessment

**Relevant physical health concerns/disabilities:**

□ COPD □ Impaired mobility □ Impaired Vision □ Impaired hearing □ Epilepsy □ Other (Specify)

_____

_____

_____

**Mental Health History / Concerns**:_____

_____

_____

**Medication**

| Medication | Prescribed for |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

Does individual attend an annual physical health check: □ Yes □ No

DNR in place: □ Yes □ No

Lives in / with:

□ Residential home □ Supported Living □ Family □ Lives alone

**Additional information**: Please add any additional information you feel we need to know to support the individual

_____

_____

_____

_____

**PART G – CURRENT SERVICES SUPPORT / PROFESSIONAL INVOLVEMENT**

| Service | Contact | Designation | Telephone number |
|---|---|---|---|
| | | | |
| | | | |

**PART H – RISK ASSESSMENT**

| | Tick Yes | Tick No | Please specify |
|---|---|---|---|
| Allergies | | | |
| Diabetes / Epilepsy | | | |
| Poor or deteriorating health (eg COPD, IBS) | | | |
| Physical disability (eg Hearing/vision impairment, mobility) | | | |
| Isolation / disengaging with services | | | |
| Self Neglect | | | |
| Self Harm | | | |
| Abuse by others (emotional, physical, financial) | | | |
| Risk to self | | | |
| Risk to others | | | |
| Behaviours of concern | | | |
| Other | | | |

**PART I – SUPPORTING DOCUMENTS**

***The following documents to sent with this form:***
***The processing of this referral may be delayed if any of the required information is missing.***

□ Diabetes / Seizure Management plan (If applicable)
□ Recent Risk Assessment (less than 6 months)
□ Protection Plan (if applicable)
□ Guideposts Trust Supplementary Client Information form

Please forward **ALL** documents by email or post:

Email to:

Friendship4all@guideposts.org.uk Telephone: Herts: 01920 484946 Oxfordshire: 01993 893560

Hertfordshire Address:

Guideposts Trust
Friendship 4 All
3-5 Cross Street
Ware SG12 7AH

Telephone: 01920 484946

Oxfordshire Address:

Guideposts Trust
Friendship 4 All
Unit E, Station Lane,
Witney
OX28 4BH

Telephone: 01993 893560

**PART J – EXPRESSION OF INTEREST AND CONSENT**

Name: _____ Tel No: _____

I would like to attend an initial meeting to discuss the possibility of joining the service and provide consent for the Referrals Department to contact me on the above contact number

Signed: _____ Date: _____

**Guideposts Trust Supplementary Client Information form**

- ✓ *This form should be completed by the person being referred (whenever possible).*
- ✓ *When completed, this sheet should accompany the main referral form.*

**I describe myself:**

- ☐ With physical disability
- ☐ With learning disability
- ☐ With behaviour and emotional disability
- ☐ With developmental disability
- ☐ With NO perceived disability
- ☐ Not stated (person asked but declined to provide a response)

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**I describe my Ethnic Group as:**

- ☐ White British
- ☐ White Irish
- ☐ Any other White background
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background
- ☐ Caribbean
- ☐ African
- ☐ Any other Black background
- ☐ Any other ethnic group
- ☐ Prefer not to say

**I describe my religious belief as:**

- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other
- ☐ No religion
- ☐ Prefer not to say

**I describe my sexual orientation as**:

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual
- ☐ Other
- ☐ Not known
- ☐ Prefer not to say

I **describe my Gender as**:

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Not Known
- ☐ Prefer not to say

**I describe my marital status as**:

- ☐ Single
- ☐ Married
- ☐ Civil partnered
- ☐ Divorced
- ☐ Widowed
- ☐ Prefer not to say