**Enrych Referral Form for health professionals - *Confidential***

*If you fill in this form on a computer or device, type in the shaded areas. To move around, tap the screen - or if using a keyboard, press the ‘Tab’ key or the left⇦ and right ⇨ arrows.*

|  |
| --- |
| Enrych assists people who have a physical disability to achieve their desired outcomes through a leisure, learning or sporting activity of their own choice. The area covered by your local project is**Oxfordshire & Buckinghamshire***Please complete this form and return it to your area Co-ordinator:* |
| *Co-ordinator’s Name:* ***Susan Linnett*** | *Co-ordinator’s address:* ***7 Keach Close, Winslow******Bucks, MK18 3PX*** |
| *Email:* ***susan.linnett@enrych.org.uk*** |
| *Phone:* ***07518 300387*** |

**Contact details for the person you are referring**

|  |
| --- |
| Title (if used)  Surname  |
| Forename(s)  |
| Phone/email: Home  Mobile Email        |
| Date of Birth (dd/mm/yyyy) |
| Address:Line 1: Line 2: Line 3: Line 4: Line 5: Post Code:  | Contact Person *(eg a family member or friend who we can talk to if we have difficulty making contact with the person you are referring.)* Contact’s Phone Contact’s Phone (alternative) Relationship to referred (*e.g. partner, son)* |

|  |
| --- |
| **Best times to contact the person are:** Preferred time of day (eg after 10am, between 9 and 2pm etc) Days available Preferred method of contact (click on the box to select) [ ]  home phone [ ]  mobile phone [ ]  text to mobile [ ]  email [ ]  other  |
| Have you visited this person in their home? Yes [ ]  No [ ]  Date of last visit  |

**Risk Assessment**

**If you have not visited the person in their home, we would appreciate the following information which we ask you to acquire from someone who has visited (not by the person being referred)**

Name and position of person who has provided this information:

Date of their last visit:

**Health & Safety of home**

Please supply as much information as possible

|  |  |
| --- | --- |
| Access to home eg anything preventing easy access or possibly posing a risk with regards to storage/hoarding etc  |  |
| Fire Risks eg unsafe use of electric fires, heavy smoker etc |  |
| Internal condition of home eg heavy mould on walls, dog faeces on floor etc |  |
| Other: |  |

**Person being referred**

Please supply as much information as possible. State ***none*** if it doesn’t apply

|  |  |
| --- | --- |
| A history of violent/sexual past |  |
| A history of serious mental health issues |  |
| General risk to anyone visiting |  |
| Anyone living in the home eg do they pose a risk of any kind? |  |

**Profile** (with the person’s permission, this information may be shared with relevant parties, if necessary)

|  |
| --- |
| Please tell us about the person. What is important to them? What do they like doing? What are the things they hope to do? What (if anything) is stopping them from doing those things?  |
| Please tell us about the person’s disability. What is the disability and how does it affect them?  |
| Are there other issues, circumstances or conditions that we need to know about? (Eg things that might affect behaviour, social interactions, anything regarding safeguarding issues) |
| Are other agencies or organisations working with the person? Please give details of all agencies currently involved (and any you know that have previously been involved).  |
| Does the person attend other regular activities (eg day services, interest groups etc)? Please give details  |

**Contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Job Title and Organisation** | **Address** | **Telephone** | **Email** |
| Care Manager(if not referrer) |       |       |       |       |       |
| Referrer (you) |       |       |       |       |       |

[ ]  Please click/tick box to confirm you have spoken to the referred person about Enrych and the services we provide

[ ]  Please click/tick box to confirm the person is aware you are referring them to Enrych, and they are happy for us to contact them

Signed (referrer)  Date (dd/mm/yyyy)

When this form is sent to Enrych as an email attachment, receipt of email will be accepted as a signature.

**Data Protection Act 1998 and General Data Protection Regulations 2018:** This information will be kept securely and confidentially on paper or electronic files. No information will be passed to a third party without permission of the referred person. See our **Privacy Policy** and **Data Protection Policy** for more info.