K|E Referral Form

**CONFIDENTIAL**

***All information given on this form will be treated as confidential to K|E.***

|  |  |
| --- | --- |
| About you | |
| Name: | D.O.B: |
| Address: | Living arrangements (please tick);  Alone □  With family / friends □  In residential care □  In supported housing □  Other (state) □ |
| Phone number: | Date of application: |
| Next of kin | |
| Name: | Relationship: |
| Address: | Phone number(s): |
| Your care support | Name & Organisation |
| GP |  |
| Phone: | Email: |
| Care coordinator / key worker |  |
| Phone: | Email: |
| Consultant / psychiatrist |  |
| Phone: | Email: |
| Social worker |  |
| Phone: | Email: |
| Others involved in care |  |
| Phone: | Email: |
| Previous work / training experience | |
|  | |
| Hobbies or interests | |
|  | |
| What regular commitments do you have? When are they? | |
|  | |
| What benefit do you hope to get from attending K|E? | |
|  | |
| Which departments are you interested in? | |
| □ Bike maintenance □ Catering □ Furniture restoration □ Gardening  □ IT □ Metalwork □ Woodwork | |
| Which days would you prefer to attend? | |
| □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday | |
| Do you have any special dietary requirements? If yes, please state | |
|  | |
| How will you travel to K|E? | |
|  | |
| Do you have a concessionary travel pass? | |
|  | |
| Is there anything else you’d like us to know about? | |
|  | |
| 🞏 I confirm that K|E can keep my details on file for the duration of my attendance with them and for 5 years after I’ve left, in line with their data retention policy. I accept that contact details provided may be used as appropriate to share or request updates and information. I understand that K|E need to process this information in order to provide a safe service to me and others who access the organisation. | |
| Signed (service user): | Date: |

**Referrer to complete:**

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis, health conditions and/or symptoms | | | |
| *Please include physical, mental, learning and allergies* | | | |
| Psychiatric history | | | |
| *Hospital stays, relapses, patterns* | | | |
| Medication | | | |
| *Current medication and side effects* | | | |
| Relevant criminal history (if known) | | | |
|  | | | |
| Mental Health Act Status | | | |
| Currently subject to the Mental Health Act? □ Yes □ No  *Please state section*  Previously subject to the Mental Health Act? □ Yes □ No  *Please state section* | | | |
| Relapse indicators | | | |
|  | | | |
| Known triggers | | | |
|  | | | |
| Behavioural Precautions (aggression, violence, self-harm, suicide etc.) | | | |
| *Please give detail and last known incident* | | | |
| Specific training needs or approaches | | | |
|  | | | |
| Reasons for referral | | | |
|  | | | |
| Potential outcomes | | | |
|  | | | |
| Transport and support arrangements | | | |
| □ Able to travel independently  □ Needs to be collected by a support worker / taxi (delete as appropriate)  □ Support worker needs to be contacted if the service user is leaving early | | | |
| Expected length of attendance | | | |
| □ Please tick if a support worker will be attending with the applicant | | | |
| **FURTHER INFORMATION IS REQUIRED TO SUPPORT THIS APPLICATION:**  Please tick to confirm the required information in enclosed with this form;  □ Support plan □ Risk assessment | | | |
| Funding | | | |
| Funding source agreed:  Number of days agreed:  Invoices to be sent to: | | | |
| Declaration | | | |
| □ I confirm this information is correct to the best of my knowledge. I agree to share relevant information and updates with K|E for the duration of the service user’s involvement. I understand this information will be kept for the duration of their involvement with K|E, and for 5 years after they’ve left in line with the data retention policy.  □ Please note that **K|E is not a secure site**. While we request that service users only leave the building with permission of a member of staff (and after signing out), as the doors are not locked we can’t guarantee this is always the case. If the person you are referring needs to be in a secure environment or under supervision at all times they would need to attend K|E with a support worker. I understand that if a support worker is required to enable attendance at K|E, it is their responsibility to manage any challenging behaviours relating to the person they’re supporting. | | | |
| Name | | Role | |
| Email | | Phone number | |
| Signed | | Date | |
| Thank you for making a referral to K|E. Please return this form to:  [Kate@key-enterprises.com](mailto:Kate@key-enterprises.com)  or  Kate Larkin – Service Manager  Key Enterprises (1983) Ltd.  Unit 36  Bellingham Drive  North Tyne Industrial Estate,  Benton  Newcastle upon Tyne  NE12 9SZ  To discuss the referral or for more information please contact us on 0191 270 1138    [www.key-enterprises.com](http://www.key-enterprises.com)  Charity No. 1011012 | |