**Kingston Eco-Op Referral Form**

**Confidentiality and Privacy**

This information will be treated as confidential and will only be used to help us assess the suitability of a referral to our service. If the person referred does not join Eco-op after the trial date the data from this form will be stored in a secure location for 1 year from the date of referral.

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| **Please indicate that the person being referred is aware of the referral and gives consent to his/her use of data for referral purposes only.**  **Yes No** |

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| **Referral information** | | | |
| Name |  | | |
| Date of birth |  | Age |  |
| Address |  | | |
| Postcode |  | | |
| Phone number |  | | |
| Email address |  | | |

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| **Emergency details** | | | |
| Emergency contact name |  | | |
| Address (if different to above) |  | | |
| Phone number |  | | |
| Email Address |  | | |
| Relationship to client |  | | |
| Will the person be supported at the trial | Yes/No | If so, Name |  |
| Any emergency meds? |  | | |

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| **Referral living arrangement** | | | | | |
| Lives alone | |  | Lives with family | |  |
| Supported living | |  | Warden assisted | |  |
| Care home | |  | Respite / hostel | |  |
| Home support team | |  | | | |
| Home contact name | |  | | | |
| Home contact role | |  | | | |
| Phone |  | | Email |  | |

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| **Social care support network** | | | |
| Care co-ordinator / social worker | |  | |
| Phone |  | Email |  |
| Social care team | | CMHT / LD Team / Older Peoples / None | |
| Local authority | | Kingston/Surrey/Richmond/Hounslow/Wandsworth/  Other: | |

**NB: If the person being referred meets adult social care criteria, we may refer the individual to the relevant ASC team for a needs assessment.**

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| **Funding for placement** | | | |
| The daily charge for attending Eco-op is £54 plus VAT per day (6 hours) and £27 per half day (3 hours) | | | |
| Have enquiries been made about funding a placement at Eco-Op? Yes / No | | | |
| Local authority managed budget |  | Personal budget- direct payment |  |
| Self-funded |  | Other |  |
| Funding contact name |  | | |
| Phone |  | Email |  |

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| **Preferred days of attendance (please tick all that apply):** | | | | | |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

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| **NBReason for referral (please tick all that apply):** | | | | | |
| Increase social engagement |  | Reduce social isolation |  | Increase confidence |  |
| Improve mental wellbeing |  | Improve physical wellbeing |  | Improve emotional wellbeing |  |
| Develop life skills |  | Develop work skills |  | Education |  |
| Other: | | | | | |

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| **Overview of support needs (please tick all that apply):** | | | | | |
| Learning disability |  | Mental health concern |  | Autism |  |
| Physical impairment |  | Visual impairment |  | Hearing impairment |  |
| Anxiety |  | ADHD |  | Tourettes |  |
| Speech / language difficulty |  | Mobility assistance |  |  |  |
| Other: | | | | |  |

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| **Details of the person making the referral** | |
| Referrer name |  |
| Organisation / team |  |
| Role |  |
| Phone number |  |
| Email address |  |
| Date referral made |  |

Once the referral form is received the Kingston Eco-op manager will be in contact to arrange a suitable day and time for the person you have referred to visit our project. If the person decides s/he would like to attend Eco-op further forms are to be completed and a Service Level Agreement agreed and signed prior to the start date.

Please return the completed form to [leeni@kingstoneco-op.org.uk](mailto:leeni@kingstoneco-op.org.uk) or send to:

Leeni Szalay-Winter, Kingston Eco-Op, Searchlight Community Centre, Kingston Road,

New Malden. KT3 3RX.

We will confirm receipt via email.