

Rutland Community Wellbeing Service Referral Form

Rutland Access Partnership
Citizens Advice Rutland
56 High Street
Oakham
LE15 6AL



Phone: 01572 725805
Fax: 01572 722568
Email: rutland.wellbeing@citizensadvicrutland.org.uk
Website: www.rutlandwellbeing.org.uk

Please send completed referral forms to Rutland Access Partnership via email, post or fax.

For further information, or if you would like a discussion prior to a referral, you can speak to our RAP Administrator directly.

OFFICE USE ONLY	
Date Referral Received	
Suitable Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client Ref Number	

RAP Administrator: Clare Thomas
Telephone: 01572 725805
Email: rutland.wellbeing@citizensadvicrutland.org.uk

Privacy Notice – Data Protection Act 1998

Rutland Access Partnership, Age UK and Vista collect and hold personal data about service users for whom they provide support and advice. We use this data to:

- Make decisions about your support and advice needs
- Help us to work with you and agree the support and advice you need
- Make sure your accommodation, support and advice is safe and effective
- Work effectively with others who may also provide you with support and advice
- Make sure we manage our services effectively

This includes personal characteristics and sensitive information relevant for the services we provide. The information we collect may be stored electronically, on paper or a mixture of both, and we use a combination of working practices and technology to ensure that your information is kept confidential and secure.

We will not disclose any information that you provide 'in confidence' to anyone else without your permission, except in the few situations where disclosure is required by law, or where we have good reason to believe that failing to share the information would put someone at risk.

On occasion, we will provide personal information to external organisations who are working with us on a specific project or delivery of specific services. This is done under strict agreements regarding the security and confidential use of all personal data.

Signed	
Date	
If not available, verbal consent given?	<input type="checkbox"/> Yes (referrer to sign above) <input type="checkbox"/> No

Referrer's Details	
Name	
Job Title	
Agency	
Email Address	
Telephone	Date Referred

Client's Personal Details

Name			
Date of Birth		Age	
NI Number		Telephone	
Address			
Postcode			
Email Address			
Communication Needs	<input type="checkbox"/> Sight Loss <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Difficulty reading/writing <input type="checkbox"/> Learning Difficulty <input type="checkbox"/> Interpreter Needed		
How would the client like to be contacted?	<input type="checkbox"/> Letter <input type="checkbox"/> Text <input type="checkbox"/> Voicemail <input type="checkbox"/> Email		
Does this client require anybody to be with them at the assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship to Client: _____ Telephone: _____ Address: _____		

Please tell us about anybody else that lives in the property

Name			
Relationship to client		Age (if under 18)	
Name			
Relationship to client		Age (if under 18)	
Name			
Relationship to client		Age (if under 18)	

Support/Service Needs (Please tick all that apply to help us identify the best service(s) for the client's needs)

Benefit/Income Issues <input type="checkbox"/>	Tenancy Issues <input type="checkbox"/>	Carer <input type="checkbox"/>	Sight/Hearing Loss <input type="checkbox"/>
Homelessness Advice <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>	Support for Older People <input type="checkbox"/>	Sexual Health Advice <input type="checkbox"/>
General Health and Wellbeing Advice <input type="checkbox"/>	Alcohol Misuse <input type="checkbox"/>	Dementia Support <input type="checkbox"/>	Weight Loss Advice <input type="checkbox"/>
Smoking Cessation <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Physical Activity <input type="checkbox"/>	Social Isolation <input type="checkbox"/>
Temporary Accommodation <input type="checkbox"/>	Other: _____		
Please give further details of the advice/support needed			

Needs/Risk Assessment	
History of Violence Perpetrator <input type="checkbox"/> Victim <input type="checkbox"/>	
Recent Major Life Changes (e.g. bereavement, relationship breakdown, ill health etc.)	
Are you aware of any risks to staff from the client or anyone in the household? (if yes please give details including any risk posed by the property, environment and pets)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Known Disabilities/Physical Conditions/Mental Health issues or Emotional Triggers	

Housing Needs (Please tick all that apply to help us identify the best service(s) for the client's needs)			
Housing Situation	Homeless <input type="checkbox"/>	Social Tenancy <input type="checkbox"/>	Private Rent <input type="checkbox"/> Home Owner <input type="checkbox"/>
Rent Arrears (please state amount, if any)			
Has the client received any of the following?	NOSP <input type="checkbox"/>	NPP <input type="checkbox"/>	Court Date for Possession <input type="checkbox"/>
	Suspended/Adjourned Possession <input type="checkbox"/>	Warrant for Eviction <input type="checkbox"/>	

Does the client have any other support workers?	
Name	
Agency	
Job Title	
Telephone	
Name	
Agency	
Job Title	
Telephone	

Monitoring Form (For monitoring purposes please complete all sections. Tick only one box in each section)

Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>	Is the client the same gender as was assigned at birth?	Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>
Ethnicity/Race	<p>White British <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/></p>	<p>Other Ethnic Group Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please state)</p> <p>Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other (please state)</p> <p>Do not wish to disclose <input type="checkbox"/></p>	
Does the client consider themselves to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/>		

Client Consent

I hereby give permission for information relating to me and my support/advice needs to be recorded, processed and shared by, and between, the referring agency and The Bridge, Spire Homes and Citizens Advice Rutland (Rutland Access Partnership) alongside Age UK and Vista with the understanding that this will not be disclosed to third parties without prior consent (unless there is a risk of harm to myself/others or criminal activity).

Print name	
Date	
Signed	
If not available, verbal consent given?	<input type="checkbox"/> Yes <input type="checkbox"/> No