|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  |  |
| Address |  | Date of Birth |  |
|  | Telephone |  |
|  | Mobile |  |
| Postcode |  | Email |  |
|  |  |  |  |  |

|  |
| --- |
| **This section only to be completed by Referring Organisations** |
| Name of Referrer |  |  |
| Position/Team |  |
| Referring Organisation & Address |  |
| Contact Telephone No |  |
| Email |  |
|  |
| Name of Main Contact (if different to referrer) |  |  |
| Organisation/Relationship |  |
| Contact Telephone No |  |
| Email |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Details of any allergies, physical health problems (such as back pain, diabetes, epilepsy), learning disabilities or other needs that we need to take into account to enable participation: |  |
|  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| GP Contact Information – Name |  |  |
| Address |  |
| Contact Telephone No |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 1. Emergency Contact Name &
 |  |  |
| Telephone No |
| 1. Emergency Contact Name &
 |  |
| Telephone No |  |
|  |  |  |  |  |



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Known Safeguarding Issues** |  |  |  |  |  |
| **Risk** | **Yes** | **No** | **Comment** |
| Risk to self | Self-neglect |  |  |  |
| Self-harm |  |  |  |
| Suicide attempt |  |  |  |
| Drug/alcohol misuse |  |  |  |
| Isolation |  |  |  |
| Risk/abuse from others | Physical |  |  |  |
| Financial |  |  |  |
| Sexual |  |  |  |
| Other |  |  |  |
| Risk to others | Is there potential for violent or aggressive behaviour? |  |  |  |
| Are there any concerns regarding safety to work alone? |  |  |  |
| Are there any concerns regarding safety to work alone in a group? |  |  |  |
| Risk to property | Theft |  |  |  |
| Damage |  |  |  |
| Other |  |  |  |
|  |

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| --- |
|  |
| Has the individual consented to this referral? (please tick) | Yes |  |  | No |  |  |
|  |  |
| How did the individual hear about Myplace? |  |  |
|  |  |  |
| What does the individual hope to gain from attending Myplace? |  |  |
|  |
| Referral next steps – who should we contact? | Referrer |  | Individual |  |  |
|  |

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| --- |
|  |
| Preferred Project Hub Location: |  |  | Bolton |  | Wyre |  |  |
|  |
| Preston |  | Chorley |  | Blackburn |  | West Lancashire |  | East Lancs |  |  |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of referrer/individual |  |  |
| Signature |  |
| Date |  |
|  |  |  |  |  |

|  |
| --- |
|  |
|  | Please give details of any unspent criminal convictions in accordance with the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 and/or (Northern Ireland) 1979.  |  |
|  |  |  |
|  |

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| --- |
|  |
| We would love to keep you updated with our e-newsletter. |
| If you are happy to hear from us in this way, please tick | Yes |  |  | No |  |  |
|  |  |  |  |  |  |  |

We respect your privacy and will never sell your details, you may change your contact preferences at any time.
Please call 01772 324129 or email **info@lancswt.org.uk** Please visit our website for our full privacy policy.
Thank you for your referral. Please send the completed form to: **myplace****@lancswt.org.uk**