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

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| --- | --- | --- | --- | --- | --- |
| **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 |  | | |
|  |  |  |  |

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



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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  | | |
|  |  |  |  |  |

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| --- | --- | --- |
|  | | |
|  | 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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|  | | |

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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**](mailto:lgriffin@lancswt.org.uk)