

**Services Referral Form**

Ealing Mencap aims to provide a wide range of services. We cater for a wide range of individual abilities, preferences and ambitions and work with each person to help them achieve their chosen outcomes.

Before you fill out this form please do look at our website [www.ealingmencap.org.uk](http://www.ealingmencap.org.uk) to read about our different services.

If you have any questions or need any help completing the form please call us on **020 8566 9575** for adult services or **020 8280 2222** for travel and young people’s services.

It is important that you provide us with relevant background information. This helps make sure people have equal opportunity to access our services. The information you provide also helps make sure we can help people find the right service for them and at the right time.

This information is for Ealing Mencap use only and will be stored according to GDPR.

**PART A - About YOU, the person making this referral**

|  |  |
| --- | --- |
| Your Name |  |
| Address |  |
| Telephone Number  |  | Email Address |  |
| Your relationship to the person being referred  | *(Please circle accordingly)* |
| Self-referrer | Family Referrer | Professional Referrer | Other - |
| Organisation (if applicable)  |  |
| **If you have any of the following papers please send them with your form.**  |  |
| V6 | Support Plan | Brokerage Referral | Behavioural Support Plan | Risk Assessment |
| EHC Plan  | Other | None |  |  |
| Today’s Date |  |

**What services would you/the person you support like to use?**

|  |
| --- |
| **Adult Services (aged 18 upwards)** |
| DIG | Dare to Dream/The Show Room | Southall Day Activities | Enterprise Lodge Day Activities | 1:1 Personal Assistant |
| Tuesday Evening Group | Gateway Club |  |  |  |
| **Young People’s Services (aged 14 to 25)** |
| After School Club | Saturday Group | Holiday Activity Scheme | Residential Short Breaks | 1:1 Community Support |
| **Travel Services (aged 11 upwards)** |
| Travel Training | Travel Skills |

**PART B- About the person being referred** *– If you are able to, and want to, please provide a photo.*

|  |  |
| --- | --- |
| Full Name |  |
| Likes to be Called |  |
| Home Address |  |
| Date of Birth |  | Age |  |
| Telephone Number |  | Email Address |  |
| Best Contact Method |  |
| What is their preferred language?  |  |
| What is the nature of their disability?  |  |
| How does this impact on their daily life?  |  |

**About the person’s living arrangements and emergency contact** *(please circle and add details)*

|  |  |  |
| --- | --- | --- |
| Living on own | living with parent(s) | Living with other family |
| Living in care home | Living in supported living | Other |
| Who should we contact if there is an emergency? (Their full name) |  |
| What is their relationship to the person being referred?  |  |
| What is their Telephone Number  |  | What is theirEmail Address  |  |
| Best Contact Method  |  |
| Is the parent/carer/guardian supportive of this referral? | **YES** | **NO** |
| Does the parent/carer/guardian speak English? | **YES** | **NO** |
| If no, what language do they speak?  |  |

|  |  |  |
| --- | --- | --- |
| **Does the person being referred attend school or college?**  | **YES** | **NO** |
| School / College Name and Address  |  |

|  |
| --- |
| **Does the person have support from these other health and social care professionals?** *(Please circle)* |
| Speech and language | Occupational/Physio Therapy | Podiatrist | Psychiatry |
| Psychology | Dietician | Learning Disability or Mental Health Community Nurse | CAMHS |
| Other  |  |

|  |  |  |
| --- | --- | --- |
| **Does the person have a Social Worker, Care Manager or Support Broker?**  | **YES** | **NO**  |
| Name |  |
| Job Title  |  |
| Address |  |
| Contact Details  |  |

|  |  |
| --- | --- |
| Name of person’s GP  |  |
| Surgery Name and Address  |  |
| Telephone Number  |  |

**PART C – What the person wants support with**

Our services are designed to enable people to achieve personal goals in the following four areas of life. We work with each person to make a positive difference to their wellbeing and to help them to reach their full potential.

|  |  |
| --- | --- |
| **What would the person like to be supported to do?**  | *Tick as applicable* |
| Access and engage in work, training, education or volunteering |  |
| Make use of the local community, including public transport and recreational services and facilities  |  |
| Develop and maintain (family or other) personal relationships and friendships |  |
| Be able to use the home safely and develop life skills  |  |
| **Other –** **What does the person want to achieve?** |
|  |
| **What difference will this make to their quality of life and wellbeing?**  |
|  |

|  |
| --- |
| **Which of these tasks does the person currently do *completely independently*?** *Tick as applicable* |
| Wash themselves |  | Stay safe at home alone |  |
| Get dressed  |  | Stay safe in the community |  |
| Access, prepare and consume food and drink |  | Interact and make friends |  |
| Use the toilet and manage their toilet needs |  | Use home appliances (kettle, oven, washing machine) |  |
| Travel by public transport  |  | Use a telephone / mobile phone |  |
| Write  |  | Keep the home clean and tidy |  |
| Read |  | Make choices about their life |  |
| Ask for help |  | Use a computer |  |
| Use money |  | Pay bills |  |

|  |
| --- |
| **Would the person like to learn or improve any of the above skills?**  |
|  |

**For Travel Training/Travel Skills ONLY**

|  |  |  |
| --- | --- | --- |
| Is there a specific journey the person needs to learn or be supported with?  | **YES** | **NO**  |
| If YES, Start Address |  |
| Finish Address |  |
| When is this journey travelled? |
|  | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
| Start time |  |  |  |  |  |  |  |
| Finish time |  |  |  |  |  |  |  |
| Is the person motivated to make this journey? | **YES** | **NO** |

**For ALL services**

|  |
| --- |
| **Is there anything else that the person wants to learn or to be supported to do that has not already been mentioned?**  |
|  |

If you would like to attach/provide us with any other information you are more than welcome.

-----------------------------------------------------------------------------------------------------------------------------

**Please also complete PART D - Equal Opportunities Monitoring Information**

*(About the person being referred)*

|  |  |
| --- | --- |
| **Religious Beliefs** |  |
| Buddhist |  |
| Christian  |  |
| Hindu  |  |
| Jewish |  |
| Muslim  |  |
| Sikh  |  |
| No religion  |  |
| Other  |  |
| Prefer not to say  |  |

|  |  |
| --- | --- |
| **Gender** |  |
| Female |  |
| Male |  |
| Other  |  |
| Prefer not to say  |  |

|  |  |
| --- | --- |
| **Sexual Orientation** |  |
| Bisexual |  |
| Gay |  |
| Heterosexual/Straight  |  |
| Lesbian |  |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Marital Status** |  |
| Co-Habiting/Living with partner  |  |
| Divorced  |  |
| Married/Civil Partnership  |  |
| Separated |  |
| Single  |  |
| Widowed  |  |
| Other  |  |
| Prefer not to say  |  |

|  |  |
| --- | --- |
| **Ethnicity** |  |
| Unknown |  |
| Prefer not to say  |  |
| Asian or Asian British – Bangladeshi |  |
| Asian or Asian British – Chinese |  |
| Asian or Asian British – Indian |  |
| Asian or Asian British – Pakistani |  |
| Asian or Asian British – any other Asian background  |  |
| Black or Black British  |  |
| Black/African/Caribbean/ Black British – African  |  |
| Black/African/Caribbean/ Black British – Caribbean  |  |
| Gypsy or Irish Traveller  |  |
| Iranian  |  |
| Iraqi  |  |
| Mixed – Any other mixed /multiple background  |  |
| Mixed – Black and white African  |  |
| Mixed – Black and white Caribbean  |  |
| Polish  |  |
| Somali  |  |
| Sri Lankan  |  |
| White or White British |  |
| White – Irish  |  |
| White – Other background  |  |
| Other – any other ethnic group  |  |

**Please sign below to confirm that the information you have provided is accurate to the best of your knowledge.**

**Name…………………………………………………………….. Signature………………………………………………**

**Date……………………………………………………………….**

**Please now send a copy of this form and any other papers or additional information to –**

**Ealing Mencap**

**Enterprise Lodge**

**Stockdove Way**

**Greenford**

**Middlesex**

**UB6 8TJ**

**Please mark it for the attention of either - Adult Services, Young People’s Services or Travel Services.**

**Once we have received your completed forms a member of staff will aim to contact you within three working days.**

**Thank you for your time.**