



**REFERRAL FORM**

**Data Protection Act**

In accordance with our responsibility under Data Protection Legislation, you should be aware that the personal information that you are giving, will be held in line with our policy and procedures and may be passed to other agencies and services where necessary, to ensure that the best possible support is provided and/or when there is a legal duty to provide other organisations with such information.

It is of paramount importance that all adults are afforded unconditional protection; therefore should any safeguarding adults or vulnerable adults concerns arise these will be shared with the relevant Local Authority Teams. The concerns will be discussed with the family where appropriate.

Date of Referral.....

Referrer's Name

.....

Agency Address.....

.....

Phone..... Email.....

The information I have provided in this form is true to the best of my knowledge. I understand that if any information is subsequently found to be inaccurate, or if essential information has not been shared with **The Sweet Project**, the service may be withdrawn-

**Signature of referrer**

..... **Date**.....

I agree to the referral to **The Sweet Project**, and understand that my allocated worker will be a student social worker currently undertaking professional training, and being supervised by a qualified worker who is also the Case Manager, who is registered with the Health and Care Professions Council. I acknowledge and agree to information being shared with the project.

**Signature of Service User**

..... **Date**.....

If verbal consent has been obtained please date and tick the box

**Service User's Information**

Last name.....

First name.....

Title..... Male/Female.....

Age/Date of Birth.....

Ethnicity.....

Address.....

.....

Telephone Number.....

GP/Doctors Name.....

GP/Doctors Address.....

.....

Telephone Number.....

Preferred Language/Method of Communication.....

Is an Interpreter Required? .....

(Please note: The Sweet Project do not fund Interpreters this is the responsibility of the referring agency)

**Next of Kin**

Last Name..... First Name.....

Title..... Relationship to the Service User.....

Address.....

.....

Telephone Number.....

Ethnicity.....

**Carer (if different from the person in Section Two)**

Last Name..... First Name.....

Title..... Relationship to the Service User.....

Address.....

.....

Telephone Number.....

Ethnicity.....

**Strengths**

**We will not action this referral unless this box is completed**

**Service User Group** (please tick which applies)

Asylum Seeker	
Chronic Physical Health Condition	
Frailty and/or Temporary Illness	
Learning Disability	
Mental Health	
Mental Health – Dementia	
Other Vulnerable Adult	
Physical Disability	
Sensory Disability – Hearing Impairment	
Sensory Disability – Visual Impairment	
Sensory Disability – Dual Sensory Loss	
Substance Misuse – Drugs	
Substance Misuse – Alcohol	
Welfare Benefits Client	
Other	

Do you have any concern about the person’s mental, physical, social wellbeing?.....

.....

	Yes/No	Name of Local Authority	Name of Social Worker
Is the service user currently known to the Local Authority or has been known to the Local Authority			
Is the service user known to the police – please provide information and if are any orders in place			

**Presenting Issues – please tick as appropriate.**

Domestic Abuse		Housing		Finances / Debt	
Social Isolation		Emotional Health		Self Esteem/Confidence building	
Advocacy/Mentoring		Transition Work		Life Story Work	
ADHD/Autism Support Group		Memory Box		Other	

**Other Services Involved**

Agency	Contact Information	Agency	Contact Information
Health		Adult Mental Health	
Police		Housing	
Fire Service		IFST	
Youth Offending		Probation	
Substance Misuse		Midwife	
Domestic Abuse Organisation		Local Church	
Pregnancy Outreach Workers		Other	

**Other relevant information to support referral:**

**Risk Assessment and Management of Information**

Project Staff will be conducting the initial assessment via a home visit and thereafter are often working alone. Please supply any relevant information or documents relating to the family, their behaviour, the locality, neighbourhood, disputes, acts of violence, specific triggers etc of which staff should be aware and take account of when arranging home visits.

Please return completed forms for:

The Sweet Project  
 Unit 3 Ardath Road  
 Kings Norton  
 Birmingham B38 9PL  
 Telephone Number – 0121 458 2270