

**SELF-REFERRAL FORM**

## TAILOR MADE

## SUPPORT

The information on this form is confidential and will be used for the purpose of assessing your application for support from Colebrook (SW) Ltd and delivering support if accepted. It will be stored in accordance with the Data Protection Act.

|  |  |
| --- | --- |
| Name: | Date of referral: |
| Date of birth: | Age: |
| Current/contact address: |
|  |
| Telephone no: |
| E-mail address: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | In person |  | [ ]  | By letter | MC900018714[1] | [ ]  | By email | MP900399981[1] |
| [ ]  | By phone  | MC900433861[1] | [ ]  | Other |  |  |  |  |

I prefer to communicate: (**✓** tick or **🗶** cross)

**How will you fund this service? Cost = £15.00 per hour**

Please tick all that apply:

|  |  |
| --- | --- |
| [ ]  | I have a Direct Payment in place  |
| [ ]  | I need support to apply for a Direct Payment |
| [ ]  | I have an Adult Social Care contract in place from Social Services |
| [ ]  | I have a Health contract in place from the NHS |
| [ ]  | I will pay for the support service myself  |
| [ ]  | I have other funding in place. If this is the case then please specify the type of funding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | I would like support to try to get funding for this service |

**SUPPORT INFORMATION:** Do you need help in any of these areas?

1. Finance [ ]

(could be help with benefits, budgeting, savings, bill payments, debt etc)

|  |
| --- |
| Please tell us what: |
|  |
|  |

1. Training and education [ ]

(could be help getting into training or improving your education and qualifications)

|  |
| --- |
| Please tell us what: |
|  |
|  |

1. Leisure, Culture, Spiritual & Faith [ ]

(taking part in hobbies, joining clubs, getting out and about, going to church, finding translators, going to libraries, museums, galleries or going away on trips and holidays )

|  |
| --- |
| Please tell us what: |
|  |
|  |

1. Daily Living Skills & Personal Care [ ]

(help with day to day living, cooking, shopping, cleaning yourself/clothes/rooms, diet, transport etc)

|  |
| --- |
| Please tell us what |
|  |
|  |

1. Work activities [ ]

(not always a paid job, could be volunteering or getting some work experience)

|  |
| --- |
| Please tell us what |
|  |
|  |

1. Mental and physical health needs [ ]

(getting your medicine right, dealing with stress, anger & frustration, talking about your problems, help knowing or getting used to what’s wrong with you, knowing about sex and sexuality etc.)

|  |
| --- |
| Please tell us what |
|  |
|  |

1. Social skills [ ]

(how to get on in public, stand up for yourself in the right way and complain effectively, being confident, maintaining relationships with friends, family and partners and understanding limits etc)

|  |
| --- |
| Please tell us what |
|  |
|  |

1. Accommodation [ ]

(dealing with landlords and housing paperwork, problem neighbours, keeping your home, and not getting cluttered)

|  |
| --- |
| Please tell us what |
|  |
|  |

**Do you think you have problems in any of these areas?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (Please tick) | **Now** | **Past** | **Never** | (Please tick) | **Now** | **Past** | **Never** |
| Owing money or looking after it |  |  |  | Not looking after yourself properly |  |  |  |
| Drug misuse |  |  |  | Not getting your medicine right |  |  |  |
| Alcohol misuse |  |  |  | Moving around / seeing / hearing  |  |  |  |
| Being Violent / Aggressive  |  |  |  | Criminal offences |  |  |  |
| Suicide or harming yourself |  |  |  | May be misled by others / taken advantage of  |  |  |  |
| Dealing with landlords / housing paperwork |  |  |  | Other:………………….. |  |  |  |

**I need \_\_\_\_\_\_\_\_\_\_\_ hours of support per week.**

**Anything else you want to say to support your application for support:**

|  |
| --- |
|  |

Have you been convicted of any criminal offence, which is not considered spent under the Rehabilitation of Offenders Act 1974?

**Yes** **[ ]  No** **[ ]**

If yes, please give details on a separate sheet and attach in a sealed envelope marked Confidential.

**DECLARATION**

**To be signed by the applicant:**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the applicant, have checked the information and answers and these are true and accurate to the best of my knowledge. I also give my consent that Colebrook (SW) Ltd can contact any agencies I am working with to discuss any queries in my application and the outcomes of my application.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that referrals will be considered in relation to service criteria and support acceptance.

Due to the confidential nature of this information it is essential that this application is marked **Private and Confidential** and is returned to the address below for the attention of the Referrals Team:

**PLEASE ENSURE THAT THE CORRECT POSTAGE IS USED AS THIS MAY DELAY THE APPLICATION BEING RECEIVED**

Colebrook (SW) Ltd, HQ Building, 237 Union Street, Stonehouse, Plymouth, PL1 3HQ

**Tel: (01752) 211242**

**www.colebrooksw.org**

Registered under the Industrial & Provident Societies Act 1965 No: 24048 R

**Equal opportunities monitoring information**

Please complete the following to help us ensure that our service is accessible to everyone and that we don’t discriminate. The data will only be used for monitoring purposes and will not be taken into account when accessing your referral.

**Do you define your gender as? ** Male **** Female  **** Transgender **** Prefer not to say

**What is your sexual Orientation?** ****Heterosexual/straight ****Gay/Lesbian ****Bisexual

 ****Other **** Prefer not to say

**Do you consider that you have a disability?** ****Yes ****No ****Don‘t know ****Prefer not to say

**If ‘yes’ please give details** ****Mobility ****Mental Health ****Visual impairment

****Learning Disability ****Hearing Impairment ****Autistic Spectrum Condition

Progressive disability / chronic illness (e.g. MS, Cancer) ****Other ****Prefer not to say

**Ethnic background**

How would you describe your ethnic origin?

**White**

**** English/Scottish/Welsh/Northern Irish **** Gypsy or Irish Traveller

**** Irish **** Any other white background

**Mixed Ethnic Background**

**** White and Asian **** White and Caribbean****

**** White and Black African **** Other mixed background

**Asian, Asian UK**

**** Indian **** Pakistani

**** Bangladeshi **** Any other Asian background

**Black / African / Caribbean / Black British.**

**** Caribbean **** African

**** Any other Black/African/Caribbean

**Other ethnic group**

**** Chinese **** Kurdish

**** Arab **** Any Other Ethnic Background

****Prefer not to say

**Do you have a religion or belief? **No religion ****Buddhist ****Hindu ****Jewish ****Muslim

****Christian (including Church of England, Catholic, Protestant and all other Christian

 denominations) ****Sikh ****Other **** Prefer not to say