Southend mencap

Family Support Service - Referral

Date of referral	

Client information

Verbal/written consent received	YES		NO		Data Protection Statement read and understood	YES		NO	

Title (Mr, Mrs, Ms)		Gender	
First Name			
Surname			
Date of birth			
Home address			
Post Code			
Telephone number			
Mobile Number			
Email			

National Insurance Number	
NHS Number	
Local Authority Number	
NOK / Emergency contact name	
NOK / Emergency contact relationship	
NOK / Emergency telephone number	

Preferred method of contact

Telephone		Mobile	
Text		Email	
Post		Any	

Client's primary communication method

Spoken English		British Sign Language (BSL)	
Other spoken language (please specify and also whether English is spoken)		Gestures/Facial expressions/Vocalisations	
Words/Pictures/Makaton		Other (please specify)	

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Does the client have any disability or impairment? (select all that apply)			
Mental health problem		Physical disability	
Acquired brain injury		Serious physical illness	
Sensory (hearing)		Sensory (sight)	
Learning disability		Dementia/Alzheimer's	
Asperger's/Autism Spectrum Condition		Cognitive impairment	
Other (please specify)		None	

Please detail any risks or behaviours the Family Support Worker needs to be aware of when dealing with the referral. If you are not aware of any risks, please write "No known risks"

Type Support needed			
Benefit Application (AA, PIP, DLA, Blue Badge, etc.)		Safeguarding	
Accessing Services (Health, Mental Health, Social Services, Care/Support)		Child Protection (only available to parents experiencing substantial difficulty i.e. Learning Disability / Mental Health Diagnosis AND who are without family/friends support)	
NHS Complaints		Other (please specify)	

Describe in detail the current circumstances and what support is needed from the service.

Referrer's details			
First name		Surname	
Organisation		Job Title	
Telephone		Mobile	
Email			

Signature of referrer

Monitoring Information	
Ethnicity	
Sexual Orientation	
Religion	

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This form gives your consent for Southend Mencap to:

- Share your name, contact details, personal information and circumstances with the organisations listed below.
- Keep a record that we have done this so we don't keep on asking you.
- Liaise with said organisations for the duration your case is open with us.

I confirm that:

Southend Mencap can share my contact details with the organisations listed below

I confirm that Southend Mencap: (*please tick as appropriate*)	Yes	No
can disclose my personal situation and circumstances with the organisations listed below		
can share my contact details with the organisations listed below		
can keep a record that we have done this		
can liaise with the below organisations on my behalf as and when necessary		

Name of organisation/s

Full Name	
Signature	
Date	

If you have any questions about this, or at any time want to withdraw your consent, please contact:

Southend Mencap 01702 341250 or 01702 334514 (Advocacy) or speak with your Family Support Worker.

If you have any questions about how Southend Mencap uses your information, or what your rights are when we use information about you, please ask for a copy of our privacy policy.

Please return this form to: southendmencap.advocacy@hotmail.co.uk **or hand in person to a member of our team.**

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