

Confidential Referral Form

Registered charity no: 1078837

Please note that people need to be a Salford resident or registered with a Salford GP to be eligible for the service.

Please note: For Secondary Care referrals, an up to date risk assessment must also be supplied, in addition to the referral form. The referral will not be processed until the risk assessment is received.

If you are a referrer to the service and require further information please ring **0161 351 6000**.

Please complete all fields:

Name of the service referring to START:

Which programme is your referral for:

Client Details

Full Name:

Date of Birth:

Gender:

Email Address:

Address:

Postcode:

Primary phone number:

Secondary phone number:

Is the client currently employed?
Please provide any details such
as hours of work if available:

Emergency Contact Details

Significant other/emergency contact name:

Relationship:

Emergency contact number:

Alternative contact number:

GP

Name of GP and surgery:

Medical Alert

Medical alert (please give details e.g. Diabetes, Asthma, Heart problems etc., and also please list any allergies below):

Please list any medication being taken in case of emergency:

Reason for Referral

Confidence Building	Educational / Learning	Mood Enhancement	Relaxation
Self Esteem	Social Contact	Skills Development	Stress Reduction
Structure to Time	Work/Employment	Other	

Learning Needs - Please give details of any learning needs identified:**Language Needs** - Please give details of any language needs. Please be aware that START does not have access to interpretation services:

Referrer Details

Name:

Job Title:

Contact no.

Email Address:

Base Address:

Other Services Involved

Name:

Role:

Tel:

Name:

Role:

Tel:

Name:

Role:

Tel:

Risk Assessment

Please note: For Secondary Care referrals, an up to date risk assessment must also be supplied, in addition to this referral form. Please email your risk assessment to info@startinspiringminds.org.uk, **we advise that the document is password protected, you can call us with the password.**

I confirm that I will email the up-to-date risk assessment to follow, and that my referral will **not** be processed until this is received.

Please advise of any indicators that your client may be becoming unwell and note any risk to themselves or others if a full risk assessment has not been requested above:

Capacity

Does the client have the capacity to understand and adhere to health and safety rules of the studios as there are a range of tools, materials and equipment in use throughout the building.

YES

NO

Service User Consent to Disclose Information

The client agrees that all the details are correct within this referral form.

The client understands the referral process and agrees that the information contained within this referral can be disclosed to the relevant workers within the organisation.

As the referrer, I agree to inform START of any significant changes in my client's circumstances and wellbeing.

The client has given permission to be contacted by text in order to organise appointments etc.

Signature of the Referrer:	
Print Name of Referrer:	

Once completed please send this form with any additional information to:

Start, Brunswick House, 62 Broad Street, Salford, M6 5BZ

Tel 0161 351 6000

Email info@startinspiringminds.org.uk - Web www.startinspiringminds.org.uk