Referral for (if unsure, please leave blank)  COPs  Employment  Working for You

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Date |  |  | |
|  |  |  | |
| Date of Birth |  |  | |
|  |  |  | |
| Address |  |  | |
|  |  |  | |
| Post Code |  |  | |
|  |  |  | |
| Telephone Number |  |  | |
|  |  |  | |
| Email Address |  |  | |
|  |  |  | |
| Gender |  | Male | Female |
|  |  |  |  |
| Ethnicity |  |  | |

|  |  |  |
| --- | --- | --- |
| Autism | |  |
| Autism and Learning Disability | |  |
| Learning Disability | |  |
|  |  | | |
| How did you hear about  this service? |  | | |

**Referrer Details** (if you are referring on behalf of somebody else)

|  |  |  |
| --- | --- | --- |
| Name |  |  |
|  |  |  |
| Relationship to Client |  |  |
|  |  |  |
| Organisation |  |  |
|  |  |  |
| Telephone |  |  |
|  |  |  |
| Email |  |  |

|  |
| --- |
| Details of your enquiry |

Referral taken by:

**Please return completed referral forms by email to** [projectsupport@barnetmencap.org.uk](mailto:projectsupport@barnetmencap.org.uk), fax to 020 8349 2192 or post to Barnet Mencap, 35 Hendon Lane, Finchley, N3 1RT

**Internal Use only (WfY)**

|  |  |
| --- | --- |
| Case worker |  |

|  |
| --- |
| Additional information |

Other organisations involved

|  |  |
| --- | --- |
| Name |  |
|  |  |
| Organisation |  |
|  |  |
| Telephone |  |
|  |  |
| Email |  |
|  |  |
| Name |  |
|  |  |
| Organisation |  |
|  |  |
| Telephone |  |
|  |  |
| Email |  |
|  |  |

Agreed action (support plan)

Complete case notes and Risk Assessment (if necessary)

**General Health Check**

1. Are you registered with a GP?

Yes  No  Don’t know

1. Do you have a dentist?

Yes  No  Don’t know

1. Do you have an optometrist?

Yes  No  Don’t know

1. Have you had an annual health check?

Yes  No  Don’t know

If no to any of the above, would you like Working for You to support you to access one?

Yes  No  Advice given re Annual Health Check

1. Do you have any current health issues that need to be addressed? If yes, please give details in the box below

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| General Health Check completed | Yes | No | Declined |
|  |  |  |  |
| Benefits Check completed | Yes | No | Declined |

I give permission for Working for You to share my information with their Bright Futures partners and other organisations where necessary

I **do not** give permission for Working for You to share my details

Signed (if present):       Date:

**Referred to:**

|  |  |  |
| --- | --- | --- |
| COPs |  | |
| Employment |  | |
| SW referral | Date | to whom |
| Signposting | Date | to whom |

Agreed by (Manager) one to one support