

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Support Work Referral

Referred By

Name: _____ Organisation: _____

Title: _____ Date: _____

Reason for referral: _____

Client's Details

Name of client: _____

Preferred name: _____

School / College (If Applicable): _____

Parents / carers name: _____

Address: _____

Home number: _____ Mobile number: _____

Client's date of birth: _____ Age: _____

Gender: Male / Female

Email address: _____

Does the client have any siblings? Yes / No

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Ethnic Origin (Please Circle)

We wish to make sure that all our projects reflect all sectors of the community. In light of this can you please circle the client's ethnicity.

White British	White & Black Caribbean	Any Other Black Background
White Irish	White & Black African	Indian
Any Other White Background	White & Asian	Pakistani
Traveler of Irish Heritage	Any Other Mixed Background	Bangladeshi
Romany	African	Chinese
Gypsy/Roma	Caribbean	Any Other Asian Background

Other (please specify): _____

Background Information

Client's diagnosis: _____

Is the client aware of their diagnosis: Yes / No

Does the client have a social worker: Yes / No

If yes do you know their name: _____

Medical Information

What medication (if any) does the client take?

What allergies (if any) does the client have?

Do we have your consent to administer minor first aid (if required): Yes / No

Any additional information we need to know about medication / allergies?

Availability for Support Work

Please complete the table below with the client's availability for support work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please tell us where you heard about our support work service and what you expect the client to gain from it?

About the client

If possible, please fill this in with the client so we know a little more about what they like / dislike and so we can put the most appropriate support in place.

I am interested in (please list what activities and interests you enjoy)

I do not like (please list what activities you do not like)

What food and drink do you like to eat / drink (please list)

What food and drink do you not like to eat / drink (please list)

Do you have a restricted diet: Yes / No Details: _____

Do you need help communicating (PECS, Makaton etc. please specify)? Yes / No

Do you understand the dangers of open spaces? Yes / No

Can you cope with loud noises? Yes / No

Can you cope with crowds? Yes / No

Do you have a hearing impairment? Yes / No

Do you have a sight impairment? Yes / No

Do you find it difficult to concentrate? Yes / No

Do you find it difficult to follow rules? Yes / No

Are you afraid of any animals (please specify)? Yes / No

Do you need help when out and about (wandering, running please specify)? Yes / No

Do you use any equipment (please list)? Yes / No

Do you have any personal care needs (toilet prompting etc. please specify)? Yes / No

Photo / Video Permission

At Sycamore Trust U.K. we like to take photos / videos at our activities for promotional purposes as well as funding purposes. Before we do this we need permission to use photos. If at any time you change your mind you reserve the right to ring the office and change your mind. We will then within reason remove all photos / videos possible within 48 hours (excluding bank holidays, weekends and holidays)

I give my permission for the client's **photo** to be taken in Sycamore Trust U.K. activities and events.

Yes / No

I give my permission for the client's **photo** to be used for Sycamore Trust U.K. advertisement, newsletters and to be displayed in the office.

Yes / No

I give my permission for the client's **photo** to be used on the Sycamore Trust U.K. website. If at any time you wish a photo of yourself to be removed from the site please inform the office ASAP and we will aim to have the photo down with 48 hours (this will be longer for bank holidays and weekends or holidays).

Yes / No

I give my permission for the client's **video*** to be taken in Sycamore Trust U.K. activities and events.

Yes / No

I give my permission for the client's **video*** to be used for Sycamore Trust U.K. advertisement, newsletters and to be displayed in the office.

Yes / No

I give my permission for the client's **video*** to be used on the Sycamore Trust U.K. website. If at any time you wish a video of yourself to be removed from the site please inform the office ASAP and we will aim to have the photo down with 48 hours (this will be longer for bank holidays and weekends or holidays).

Yes / No

***Videos may be uploaded to other hosting providers (e.g. YouTube) and linked into our website.**

Computer / Internet Access Agreement (Jun-15)

The internet is an essential element in 21st century life for education, business and social interaction. Where available, Sycamore Trust U.K. has a duty to provide persons with quality internet access as part of their learning experience.

All internet and computer usage will be monitored by Sycamore Trust U.K. staff / volunteers.

Uploading and downloading of files including software, shareware, programs, music and videos is not allowed (this is not a complete list if you are unsure ask the Sycamore Trust staff supervising).

The use of any personal auxiliary equipment (USB. Headphones etc.) will require permission from Sycamore Trust U.K. staff before use.

Internet users will treat others with respect at all times and will not undertake in any actions that may bring the organisation (Sycamore Trust U.K.) into disrepute.

Any security and monitoring programs may be used at our discretion at any times.

Users are not permitted to deliberately seek out any potential harmful, illegal or sensitive information. If they encounter anything by accident / mistake they should notify the senior members of staff on site.

Although every reasonable precaution will be in place to ensure safety of users while using equipment we cannot be held responsible for anything that may appear or happen as a result of internet / computer usage.

Social media sites (Facebook, Twitter etc.) will not be allowed for members to access.

Any misuse of equipment or software provided may result of members having their access to equipment revoked.

Sycamore Trust U.K. reserves the right to make changes to this agreement at any time and has the right to report any illegal activities to the relevant parties.

I have read and understood this agreement and agree to be bound by them and understand that until signed the client will not be able to use the Sycamore Trust U.K. computer / internet provisions.

Parent / Carer Name: _____

Signed: _____

Client's Name: _____

Signed: _____

Confidentiality / Signature

I understand the above information will be kept securely in the strictest confidence under the requirement of the Data Protection Act 1998. You are entitled to view this information within the project. If you have any objections to the project holding your data, please inform the project. Non-personal and non-specific data may be used for statistical purposes.

I declare that the information I have provided is correct to the best of my knowledge. I understand that my personal data will be held in confidence in accordance with the Data Protection Act 1998.

Parent / Carer Name: _____ Signature: _____

Client's Name: _____ Signature: _____

(Where possible)

Date form completed: _____

Please make sure you have completed all parts of this form to ensure that your referral is completed as quickly as possible as any missing information may cause a delay in processing.

Please return to:

Sycamore Trust U.K.

27-29 Woodward Road, Dagenham, Essex, RM9 4SJ

Tel: 0208 517 9317

Email: supportwork@sycamoretrust.org.uk

Website: www.sycamoretrust.org.uk