Referral Form

Personal information:

Title:		Gender:
First name:		Ethnicity:
Surname:		DoB:
Address:		NI number:
		Home tel: mobile:
Postcode :	Email:	
Activity area at TWIGS that you are interested in : **Gardening** **Woodcraft**		

Your Aim(s): *please tick all that apply*

Therapeutic activities that will occupy me		Further education & learning		Supported employment	
Help in improving personal coping skills in the workplace		Training		Gaining employment	
Voluntary work in the community		Work experience		Retaining a job	
Career / Job advice and guidance		Employment support		Sustaining employment	

Your current occupational activities:

Please describe how you spend your time now: ie any volunteering, education etc

If you are unemployed, how long have you been unemployed? *Please tick one*

Less than 6 months O 6 – 12 months O 1 – 3 years O
Over 5 years O Never worked O

Qualifications

Have you achieved any qualifications? Yes O No O

If yes, what is the highest level of qualification you have achieved?

Health information:

Approximately when did you first experience mental health problems?

Is there any health professional or social worker involved in your care?
Yes O No O

***** Do you have a current Care Plan (Please circle) YES NO**

(Current Occupational Plan, Care Plan and Risk Assessment
If a current Occupational Plan, Care Plan and/or a current risk assessment is available please include with this referral.)

Please provide a brief summary of your mental health problems:

Do you have any other needs or difficulties? *Please tick all that apply*

Learning difficulty	Physical disability	Aspergers Syndrome or autistic spectrum disorder
Drug or alcohol problem	Sensory disability	Other – please describe:

Referrer information:

Referrer name:	Address:
Referrer Job title:	
Work tel	Postcode:
Mobile no	GP Name:
email	Surgery tel no:

Any other relevant information you wish to tell us

a) the referrer:
b) the client:

In accordance with the Data Protection Act of 1998, all information provided on the referral form and in any further dealings with TWIGS will be treated as confidential and will not be disclosed to any third party outside of TWIGS without express consent from the client.

Signed Client: ……………………..……………………………………… Date:

Signed Referrer: …………………………………………………… …..Date:

Office use only: Date referral received: Date of initial meeting
(we will endeavour to respond within 5 working days)

Reasons not started: Service refused; Client refused; Health reasons; Other (please state)

Please return to TWIGS, c\o Manor Garden Centre, Cheney Manor, Swindon SN2 2QJ.
or email to twigs.reception@gmail.com