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**“Working to Empower the Community”
in Lancashire and Cumbria**

Pamela Beswick - Chief Executive Officer

Community
Legal Service



Help Point

Updated 09/11/2010

CONFIDENTIAL - Initial Referral Form

Please complete all relevant sections of the form and provide full contact details

Name*					
Date of birth*		_ / _ / _ _			
Full address*					
Postcode					
Telephone number					
Mobile Phone Number					
Gender		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Sexual Orientation					
Ethnicity (please tick or specify)					
White	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black (Other)	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>	Asian (other)	<input type="checkbox"/>	Gypsy Traveller	<input type="checkbox"/>
				Prefers not to say	<input type="checkbox"/>
				Not Known	<input type="checkbox"/>
				Other (specify)	<input type="checkbox"/>
				Dual Heritage (please specify)	<input type="checkbox"/>
Religion					
Children	Name	Date of birth	School	Health visitor	CAF Number
		_ / _ / _ _			
		_ / _ / _ _			
		_ / _ / _ _			

Charity Registration Number: 1117845
Member of AdviceUK (previously FIAC)

Company Limited by Guarantee: 5990592
Registered in England and Wales



North Lancashire
Teaching Primary Care Trust



INVESTOR IN PEOPLE

Additional major funding from Preston City Council, the FC Scott Charitable Trust and Tudor Trust

What are the presenting problems from the point of view of the person being referred?

Does the person have any solutions in mind?:

Views of family members/carers about the current situation (if applicable):

Medical history, including recent hospital admissions and GP visits

Existing support from family and unpaid carers:

Existing services:

Service	In Place	Name and Contact Details
Doctor		
Social Worker		
Education		
Mental Health		
Health Visitor		
Probation		
Drug and Alcohol Service		
Other		

Does the client agree to us contacting these people Yes/No

Risk assessment

Agency/Worker completing form Date __ / __ / __ Was the assessment completed with the client? YES / NO				
	YES	NO	DON'T KNOW	DETAILS
Are there any health and safety issues at client's accommodation? (e.g. dogs; uneven paths; access and exit difficulties)				
Does the client smoke?				
How many people live at the accommodation?				
Does the client have a history of violence?				
Are there any associated risks with drug or alcohol misuse?				
Are there any associated risks with client's mental health needs?				

	YES	NO	DON'T KNOW	DETAILS
Any other identified risks?				
Suggested recommendations from risk assessment (please tick): Lone Visits				
Visit with colleague				
Visits at Signposts Information and Advice Centre				

Data Protection:

We understand that the written information obtained will be transferred to the Signposts MARC Ltd Casework database for the purpose of monitoring progress and collecting information to evaluate the scheme. Signposts MARC Ltd has systems in place to ensure that the information it holds will remain confidential (however, this information may be shared with other agencies when necessary)

Under the Data Protection Act, you have certain rights regarding information kept about you. The eight principles of the Act are as follows:

1. The information should be obtained and used fairly and lawfully.
2. Personal data shall only be held for specific lawful purposes.
3. Personal data shall not be used or disclosed in any way incompatible with the purpose for which it is held.
4. Personal data shall be adequate, relevant and not excessive.
5. Personal data shall be accurate and kept up to date.
6. Personal data shall not be kept for longer than necessary to fulfil the purpose of holding it.
7. Appropriate securing measures shall be taken to safeguard unauthorised access, disclosure or damage to personal data and where appropriate steps taken to have it erased or corrected.
8. Personal data will only be obtained or used within the European community, unless there is adequate protection in the receiving territories.

The Signposts Service will be keeping strictly to these principles in looking after information they hold about you on the computer.

Client Consent/Agreement Form for the Referral to Signposts

- We have had the Signposts Service explained to us and agree that a referral may be forwarded to the signposts service.
- We also agree that information about us may be shared with other relevant agencies so that an Action Plan that will help us can be made.
- We understand that the Action Plan will be produced as and when needed, and we agree to take an active part in the Plan to enable necessary changes to be made.

Print name: _____ **Date:** __/__/__

Clients signature: _____

Referrers Details:

Name:

Organisation:.....

Phone number.....

Address.....

I confirm the information provided on this form is true to my knowledge at the time of submitting the referral

Referrers Signature: _____ Date: _____

Please return this form in an envelope marked “Confidential” to:
Signposts Multi Agency Resource Centre, 58 Regent Road, Morecambe, LA3 1TE