



REFERRAL FORM – FAMILIES (including pregnancy)

Complete this form by pressing the either the tab key
or the arrow keys to move between fields

DATE:

SUPPORTED PERSONS PERSONAL DETAILS

FULL NAME (Please Print)			DATE OF BIRTH:		AGE:	
ETHNIC ORIGIN		GENDER:		RELIGION:		
IS THE PERSON PREGNANT:	(yes/no)		DATE BABY IS DUE:			
NUMBER OF DEPENDENTS: (include imminent births)						

DEPENDENTS

NAME:	AGE:	D.O.B	GENDER:	RELATIONSHIP: (to supported person)

CURRENT ADDRESS

MOBILE NUMBER

LEGAL STATUS

LEAVING CARE ACT STATUS

NATIONAL INSURANCE No.

SUPPORTED PERSONS HEALTH DETAILS

DOCTOR

IS THE SUPPORTED PERSON REGISTERED WITH A
DOCTOR?

(yes/no)

IF YES, PLEASE PROVIDE DOCTOR'S DETAILS

DOCTORS NAME

ADDRESS

TELEPHONE NUMBER

DENTIST

IS THE SUPPORTED PERSON REGISTERED WITH A
DENTIST?

(yes/no)

IF YES, PLEASE PROVIDE DENTIST'S DETAILS

DENTIST NAME

ADDRESS

TELEPHONE NUMBER



OTHER (I.E. REHABILITATION ORGANISATIONS ETC)		
NAME OF ORGANISATION		
REASON FOR ATTENDANCE		
CONTACT NAME		
ADDRESS		
TELEPHONE NUMBER		
RISK ASSESSMENT		
YOU MUST PROVIDE THE LATEST, REVIEWED RISK ASSESSMENT FOR THIS PERSON AND FOR ANYONE WHO WILL BE LIVING/SHARING THE SUPPORTED PERSONS PROPERTY, WHERE APPROPRIATE.		
RISK ASSESSMENT ATTACHED	Delete as appropriate	(yes/no)
<i>*If not attached please advise why.</i>		
SUPPORTED PERSON PROFILE		
IS THE SUPPORTED PERSON SUPERVISED UNDER ANY OF THE FOLLOWING?	(yes/no)	
CARE ORDER	(yes/no)	
DETENTION & TRAINING ORDER	(yes/no)	
SUPERVISION ORDER	(yes/no)	
COMMUNITY REHABILITATION ORDER	(yes/no)	
STATEMENT OF SPECIAL EDUCATION	(yes/no)	
ANTI SOCIAL BEHAVIOUR ORDER	(yes/no)	
IS THERE ANY HISTORY OF THE FOLLOWING	(yes/no)	
VICTIM OF DOMESTIC ABUSE, BULLYING OR COERCION	(yes/no)	
THEFT	(yes/no)	
VIOLENT BEHAVIOUR	(yes/no)	
ASSAULT (PHYSICAL)	(yes/no)	
ASSAULT (SEXUAL)	(yes/no)	
CHALLENGING BEHAVIOUR	(yes/no)	
SELF HARMING	(yes/no)	
DRUG ABUSE	(yes/no)	
SUBSTANCE MISUSE	(yes/no)	
ALCOHOL ABUSE	(yes/no)	
ARSON	(yes/no)	



OTHER PROBLEMS/ISSUES (PLEASE FULLY DESCRIBE BELOW)	(yes/no)
If the answer is yes to any of the questions in this section please provide full details here:	
SUPPORTED PERSON DAYTIME ACTIVITIES	
DOES THE SUPPORTED PERSON ENGAGE CURRENTLY IN EDUCATION/TRAINING?	(yes/no)
PLEASE PROVIDE FULL DETAILS	
DOES THE SUPPORTED PERSON ENGAGE CURRENTLY IN WORK?	(yes/no)
PLEASE PROVIDE FULL DETAILS	



HAS THE SUPPORTED PERSON ANY PARTICULAR INTEREST WHICH COULD BE EXPLORED?

PLEASE PROVIDE FULL DETAILS

SUPPORTED PERSON SUPPORT NETWORKS

DOES THE SUPPORTED PERSON HAVE/WISH FOR ANY CONTACT WITH FAMILY/SIGNIFICANT PERSON?

(yes/no)

PLEASE PROVIDE FULL DETAILS

APART FROM BEDSPACE STAFF, WILL THERE BE ANY OTHER SUPPORT FROM ELSEWHERE (I.E OTHER AGENCIES/ORGANISATIONS)?

(yes/no)

PLEASE PROVIDE FULL DETAILS



SUPPORTED PERSON ACCOMMODATION

WHAT AREA(S) WOULD THE SUPPORTED PERSON PREFER TO LIVE?

NUMBER OF BEDROOMS REQUIRED:

NUMBER OF PEOPLE EXPECTED TO LIVE IN THE PROPERTY:

DOES THE SUPPORTED PERSON HAVE ANY EXPERIENCE OF LIVING INDEPENDENTLY / SEMI INDEPENDENTLY?

PLEASE PROVIDE FULL DETAILS



REASON FOR REFERRAL

PLEASE PROVIDE DETAILS OF THE SUPPORTED PERSONS CURRENT SITUATION, INCLUDING THE REASON FOR THE SUPPORTED PERSON LEAVING THEIR CURRENT ADDRESS (INCLUDE A BRIEF FAMILY HISTORY/BACKGROUND, CARE HISTORY AND ANY OTHER INFORMATION WHICH MAY BE RELEVANT TO THE REFERRAL).

ASSESSMENT OF SUPPORTED PERSONS SUPPORT NEEDS

BRIEF SOCIAL WORK / PERSONAL ADVISOR ASSESSMENT

IN ADDITION TO THE INFORMATION GIVEN WITHIN THIS REFERRAL, PLEASE LIST ANY OTHER AREAS OF CONCERN, INDEPENDENCE NEEDS AND ANY RECOMMENDATIONS TO ASSIST THE SUPPORTED PERSON IN LIVING WITHIN THE COMMUNITY.



HAS THE SUPPORTED PERSON AGREED AND CONSENTED TO THIS REFERRAL?		(yes/no)
Signature of Referrer.....		

REFERRER

REFERRER DETAILS

REFERING AGENCY	
NAME OF REFERRER	
ADDRESS	
TELEPHONE NUMBER	
EMAIL ADDRESS	
NATURE OF REFERRER RELATIONSHIP WITH SUPPORTED PERSON	
DATE OF REFERRAL	
AUTHORITY ORDER NUMBER	
PROPOSED PLACEMENT START DATE	
AUTHORISED PLACEMENT SIGNATURE	

WHERE DID YOU HEAR ABOUT BEDSPACE?

(From a previous referral, colleague, Service User, meeting/forum, web search, literature, etc.)