

KIRKLEES BETTER OUTCOMES PARTNERSHIP REFERRAL FORM

REFERRAL AND ASSESSMENT INFORMATION

Date Referral Received		Date Referral Completed	
Referral Completed By			

PARTICIPANT DECLARATION INFORMATION

Please read out in full to the participant

To be able to process your referral, we need to record, store and process details about your needs, housing and support. This may contain your personal data, and includes "special category data" such as information about your health, ethnicity, religion etc.

We ask for this information so that we can make a decision about whether our service is the best one for you, or whether there is a more suitable service elsewhere. We also use the special category data for monitoring purposes, to make sure our services are fair and easy to access, and to meet funding requirements. We will record your personal data on our secure electronic system, and on paper.

You do not have to answer any question that you do not want to, and you should let us know if you do not want to give us some of the information we ask for. However, this may affect our ability to provide you with an appropriate service.

We may contact other professionals and agencies who have knowledge of you currently or in the past (e.g. Health / Housing Professionals, Police, Probation). This is so we can get additional information about your needs, and so we are aware of any risks (e.g. police check, landlord reference).

Further information can be found in our Privacy Notice, which is available on request or can be downloaded from our website, <https://www.kirkleesbetteroutcomespartnership.org/privacy-notice>.

Declaration - Please ask the participant to confirm the following:

- You authorise Kirklees Better Outcomes Partnership to process your personal information for the reasons explained.
- You confirm that the information you provide will be correct and true to the best of your knowledge.
- You understand that your information may be shared with other agencies / professionals as previously explained.
- You acknowledge that you have been made aware of the Client Privacy Notice, which explains how your personal details will be managed.

Is the person being referred in agreement with this application and the above declaration?	
Please state anyone else present at the assessment:	

PERSONAL DETAILS

Surname					
Forename(s)					
Title		Preferred Pronoun		Gender	
Date of Birth			National Insurance Number		
Contact Number			Safe to leave a message on this phone?		
Email address					
Please state any other contact details:					
Immigration Status					
Are you a Veteran of the Armed Forces?					
Do you require an Interpreter?			Do you read and write English?		
What is your spoken language?					
Do you need documents translating into another language?					
Please provide details of any communication accessibility issues:					

Diversity

Ethnicity		Sexual Orientation	
Nationality		Religion Beliefs	
Gender Identity		Transgender?	
Disabilities?		Pregnant?	

Current Address (please add further address history to Appendix A – Address History)

House/Flat Nbr and Street			
Town			
Postcode			
Date From		Date Up To	
Tenure Type		Correspondence address?	
Reason for Leaving			
Landlord			

Please provide details of other occupants on page 3 (Relationships).

Relationship/Occupant Details

Relationship/Occupant #1

Surname			
Forename(s)			
Title		Gender	
Date of Birth		Relationship Type	
Resides with Client?		Client Parentally Responsible?	

Relationship/Occupant #2

Surname			
Forename(s)			
Title		Gender	
Date of Birth		Relationship Type	
Resides with Client?		Client Parentally Responsible?	

Extra Relationships/Occupants can be added In Appendix B – Additional Relationship/Occupant Details.

Contact Details

Please give details of key contacts, professionals, agencies, and carers who are involved in supporting you. This may include, for example, Welfare Rights Services, Drug Workers, CPNs, Doctors, Psychiatrists, Social Workers.

Contact #1

Contact Name			
Contact Description		Contact Type	
Contact Email		Contact Phone	
Street Address			
Town		Postcode	

Contact #2

Contact Name			
Contact Description		Contact Type	
Contact Email		Contact Phone	
Street Address			
Town		Postcode	

Extra contacts can be added In Appendix C – Additional Contact Details.

REFERRAL INFORMATION

This section of the form seeks to identify any individual need for the various support available within Kirklees Integrated Support Services. The information provided will enable us to ascertain the applicant's eligibility onto the programme and determine the most appropriate provider to deliver the required service.

Accommodation

Are you a single person?	
Do you have dependants that live with you?	
Are you homeless?	
Are you a rough sleeper?	
Are you in custody?	
Are you at risk of homelessness/eviction?	
Would you like to explore the Private Rent Sector?	
If yes, what are your preferred areas? Please state any areas you are not able to consider.	
Please provide details of your current situation, any details of what support you need in this area and what you would like KBOP to help with.	

Finances

Do you require assistance with your financial situation?	
Please use this space to provide information on your current financial situation and what you would like support with.	

Health and Wellbeing

Are you registered with a GP?	
Do you need any help with your physical health?	
Do you need any help with your mental health and emotional wellbeing?	
Have you been diagnosed with a mental health condition?	
Are you currently working with any mental health service?	
If yes, which mental health services are you working with?	
Please use this space to provide information on your current situation in this area and what you would like support with.	

Learning disabilities/difficulties (including basic literacy and numeracy skills)

Do you have any learning disabilities/difficulties?	
Please use this space to provide information on what your current situation is and what support you would like in this area. Are there any adaptations we can make to support accessibility, communication and understanding information?	

Substance Misuse

Are you currently using any substances?	
Alcohol?	
Drugs?	
Other e.g. prescription drugs?	
Are you currently working with any substance misuse services?	
If yes, which substance misuse services are you working with?	
Please provide some information on your current situation, what you would like help with in this area, what you would like to achieve and how you would like KBOP to support you to achieve this.	

Offending

Do you need to comply with a statutory order?	
Please provide details of any current or recent offending and what support you would like in this area?	

Care History

Do you have a care history?

Please provide details of support you would like in this area. Is there anything you would like us to know about this experience or that may be relevant to enabling you to live independently?

Domestic Abuse

Are you at risk of or are you experiencing Domestic Abuse?

Is target hardening required?

Is the participant accessing the Group Work Programme?

Please provide details of your current situation and what you would like support with.

Work and Learning

Are you currently in work?	
Are you currently studying?	
Do you receive any long-term disability benefits?	
Would you like support to explore employment opportunities?	
Would you like support to explore learning opportunities?	
Would you like support to explore volunteering opportunities?	
Referral sent to an ETE (Education, Training and Employment) provider?	
If yes, which ETE Provider was the referral sent to?	
Please provide details of your current situation and any aspirations or goals for future work and learning.	

Support and Social Networks

Please use this space to describe your current situation. Who is in your current network? Do you feel your support network is helping you achieve your goals? How would you like KBOP to help you in this area?

SAFETY PLAN

RISK INFORMATION

If you are aware of any risks to the following groups, please record details here. If a full risk assessment has not yet been completed, please give details of any risks identified based on your contact with the client to date. Please select 'Yes' where risks are known, 'None Identified' where no risks are known, and 'Not Known' where a risk assessment has not been completed.

Has a risk been identified for:

Risk Group	Risk identified?	Level of Risk	Current or Historical?	Give Details:
Child				
General Public				
Known Adult				
Parent				
Partner/Spouse				
Self				
Staff Member				

Are there any special arrangements relating to home visits and / or interviews?

Review Risk Guidance Alerts

Please answer YES where appropriate to the questions below.

The responses will link to the Risk page automatically.

Is the client banned for any premises?	
Do you need to interview the client in pairs?	
Are home visits unsafe?	
Is there a risk to staff?	
Is there a risk to females?	
Is there a risk to males?	
Does the client need to be seen in a secure room?	
Does the client display threatening / intimidating behaviour?	
Is there a risk of the client being violent to staff?	
Is the client wanted by police?	

REFERRER DETAILS (where applicable)

Referrer Name			
Organisation		Referrer Type	
Referrer Email		Phone	
Street Address			
Town		Postcode	

-- END OF FORM --

Further information about our support services and PRIVACY NOTICE can be found at:

<https://www.kirkleesbetteroutcomespartnership.org/>

Appendix A – Address History

Please add further address history for the previous 5 (five) years (most recent at the top).
You do NOT have to repeat the current address on page 2 of this form.

Previous Address #1

House/Flat Number and Street			
Town			
Postcode			
Date From		Date Up To	
Tenure Type			
Reason for Leaving			

Previous Address #2

House/Flat Number and Street			
Town			
Postcode			
Date From		Date Up To	
Tenure Type			
Reason for Leaving			

Previous Address #3

House/Flat Number and Street			
Town			
Postcode			
Date From		Date Up To	
Tenure Type			
Reason for Leaving			

Previous Address #4

House/Flat Number and Street			
Town			
Postcode			
Date From		Date Up To	
Tenure Type			
Reason for Leaving			

Appendix B – Additional Relationship/Occupant Details (exclude those added on Page 3 of this form)

Relationship/Occupant #1

Surname			
Forename(s)			
Title		Gender	
Date of Birth		Relationship Type	
Resides with Client?		Client Parentally Responsible?	

Relationship/Occupant #2

Surname			
Forename(s)			
Title		Gender	
Date of Birth		Relationship Type	
Resides with Client?		Client Parentally Responsible?	

Relationship/Occupant #3

Surname			
Forename(s)			
Title		Gender	
Date of Birth		Relationship Type	
Resides with Client?		Client Parentally Responsible?	

Relationship/Occupant #4

Surname			
Forename(s)			
Title		Gender	
Date of Birth		Relationship Type	
Resides with Client?		Client Parentally Responsible?	

Relationship/Occupant #5

Surname			
Forename(s)			
Title		Gender	
Date of Birth		Relationship Type	
Resides with Client?		Client Parentally Responsible?	

Appendix C – Additional Contact Details (exclude those added on Page 3 of this form)

Contact #1

Contact Name			
Contact Description		Contact Type	
Contact Email		Contact Phone	
Street Address			
Town		Postcode	

Contact #2

Contact Name			
Contact Description		Contact Type	
Contact Email		Contact Phone	
Street Address			
Town		Postcode	

Contact #3

Contact Name			
Contact Description		Contact Type	
Contact Email		Contact Phone	
Street Address			
Town		Postcode	

Contact #4

Contact Name			
Contact Description		Contact Type	
Contact Email		Contact Phone	
Street Address			
Town		Postcode	

Contact #5

Contact Name			
Contact Description		Contact Type	
Contact Email		Contact Phone	
Street Address			
Town		Postcode	