



Client Referral Form

Confidential

revised 25/05/2018

Privacy Notice

Common Wheel collects personal information on referral forms to ensure that:

- we provide a safe and person-centred service
- we can contact the appropriate healthcare professional or personal contact if we have concerns about a client's wellbeing
- there are no barriers to accessing our service

This information will be kept confidentially and not shared with anyone other than the stated contacts. If you do not provide this information we may not be able to accept a client onto one of our courses. You can ask us to for a copy of this form or to amend or delete this information at any time.

If you would like to see our Data Protection Policy, please ask Common Wheel's Project Manager for a copy.

Project (please tick):

Bikes at Bridgeton

Music

Bikes at Maryhill

Carnival Club

1. Referring agency _____

Name of referrer _____ Designation _____

Relationship to client _____

Telephone number _____

Email address _____

Postal address _____

2. Client Information (Please put additional details on a separate sheet if necessary)

Client name _____ Date of birth _____ Gender _____

Address _____

Phone number (home and / or mobile) _____

Email address _____

Hobbies / interests _____

Current activities (employment / training / voluntary work / education) _____

What does the client hope to achieve by doing this activity? _____

How long has this individual been known by your organisation? _____

Please let us know if the client has any problems with any of the following. This information may help us tailor our workshops so the client can have the best possible experience.

- | | Please provide details |
|---|------------------------|
| <input type="checkbox"/> Deafness | _____ |
| <input type="checkbox"/> Blindness / partially sighted | _____ |
| <input type="checkbox"/> Allergies | _____ |
| <input type="checkbox"/> Impaired coordination / manual dexterity | _____ |
| <input type="checkbox"/> Impaired mobility | _____ |
| <input type="checkbox"/> A medical condition | _____ |
| <input type="checkbox"/> Literacy problems / dyslexia | _____ |
| <input type="checkbox"/> Learning disability | _____ |
| <input type="checkbox"/> Other | _____ |

3. Risk assessment

Does the client have a history of:

- violence
- self-harm
- blood-borne disease
- any reason why this individual should not be allowed to work with vulnerable people?
- any other potential risk factors that we should be aware of?

Please give details _____

Can the client follow safety instructions? _____

4. Further information

(a) Does the client have any specific needs (mental or physical health)? By understanding their needs we can ensure we support them in the best way possible.

(b) Ethnic origin (optional)		Please tick
White	Scottish	
	British	
	English	
	Welsh	
	Northern Irish	
	Irish	
	Gypsy / traveller	
	Polish	
	Other white	
Asian	Pakistani, Pakistani Scottish, Pakistani British	
	Indian, Indian Scottish, Indian British	
	Bangladeshi, Bangladeshi Scottish, Bangladeshi British	
	Chinese, Chinese Scottish, Chinese British	
	Other	
African, Caribbean, Black	African, African Scottish, African British	
	Caribbean, Caribbean Scottish, Caribbean British	
	Black, Black Scottish, Black British	
Other ethnic group	Arab	
	Other	
Mixed or multiple	Any mixed or multiple ethnic group	
	Information not provided	

5. Support

(a) Name of emergency contact (family member / friend) _____

Relationship to client _____

Telephone number(s) _____

(b) Client receives mental health support from (tick all that apply):

CPN GP OT psychiatrist other (please specify) _____ referrer only

Name of best person to contact _____

Role _____

Telephone number(s) _____

(c) Name and address of client's GP _____

Telephone number _____

6. Declaration

Please read and sign: I confirm the above information to be accurate to the best of my knowledge and understand that information withheld could result in the client being suspended from the project.

Signed _____ Date _____

7. Client Consent

I confirm that the person stated above (referrer) has my permission to pass on my personal information to Common Wheel. I consent that if Common Wheel are concerned about my wellbeing they may contact my healthcare provider or emergency contact.

Signed _____ Date _____

8. Returning the form

This form should be printed, and completed by the referrer and the person being referred. Please ensure all sections are filled in fully. If any information is missing we will not be able to process the form and will ask you to send another form. Please place the completed form in an envelope marked 'Confidential' and return it to your selected project as follows:

Please do not send completed referral forms by email

For bikes at Maryhill:

Neil McDonald
Common Wheel
77 Chapel Street
Glasgow
G20 9BD

For bikes at Bridgeton:

Steven Mitchell
Common Wheel
c/o Glasgow Vintage Vehicle Trust
76-136 Fordneuk Street
Glasgow
G40 3AH

For Music:

Fiona MacDonald
Common Wheel
77 Chapel Street
Maryhill
Glasgow
G20 9BD

For Carnival Club:

Abbé Farrell
Common Wheel
77 Chapel Street
Maryhill
Glasgow
G20 9BD

Office use only:

Information visit _____ Start date _____ Re-referral _____

1. Client stage on E.P (pre-activity) 1 2 3 4 5
2. Client stage on E.P (post-activity) 1 2 3 4 5
3. Follow-up call date _____
4. Signposting (provide details) _____
5. Exit outcomes
 1. Positive activity
 2. Training
 3. Voluntary work
 4. Further / higher education
 5. Mainstream employability services
 6. Employment / self employment
 7. Sustained employment / self employment
 8. No progress (health and social care reasons)
 9. No progress (financial reasons)
 10. No progress (personal reasons)