



## Client Referral Form

### Confidential

revised 24/06/2019

#### 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.

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#### Project (please tick):

Bikes at Bridgeton

Music

Bikes at Maryhill

Carnival Club

Bikes at Soul Riders

Climbing

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. Referrer 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 (Referrer) \_\_\_\_\_ 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 (Client) \_\_\_\_\_ 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 Bridgeton:

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

#### For Bikes at Maryhill or Soul Riders:

Neil McDonald  
Common Wheel  
77 Chapel Street  
Glasgow  
G20 9BD

#### For Music:

Fiona MacDonald  
Common Wheel  
77 Chapel Street  
Glasgow  
G20 9BD

#### For Carnival Club:

Wendy Shaw  
Common Wheel  
77 Chapel Street  
Glasgow  
G20 9BD

#### For Climbing:

Judith Foster  
Common Wheel  
77 Chapel Street  
Glasgow  
G20 9BD

#### Office use only:

Date of Information visit \_\_\_\_\_ Start date \_\_\_\_\_ Re-referral date \_\_\_\_\_

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)