

REFERRAL FORM

Our Celebration supports working-age adults recovering from mental ill-health to help them achieve outcomes that will progress them towards recovery and integration in mainstream activity such as learning, volunteering or employment.

We carry out this work through a variety of projects that are supported by one-to-one mentoring and motivational / goal planning work designed to facilitate recovery.

Please complete the following form on behalf of the person you are referring and return it to Our Celebration. An electronic version of this form is available on our website at www.ourcelebration.org.uk.

| | |
|---|--|
| Name of Person completing this form | |
| Your Relationship to the client | |
| Your Phone Number | |
| Person Being Referred | |
| Diagnosis | |
| Clients Address | |
| Clients Phone Number | |
| Name & Phone Number of Care-Coordinator | |
| Name & Phone Number of CPN | |
| Name & Phone Number of GP | |

Our Celebration aims to promote recovery and progression in order to help people improve their quality of life – to do this we need to know what differences people want us to help them achieve.

1. Please tell us what outcome/s your client hopes to achieve by attending Our Celebration? Please try to make these as specific as possible so that we can provide feedback on progress and measure when they have been achieved.

Outcomes should be SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime Bound)

For example : John will move into regular voluntary work by January 2010, Mary will begin studying an English course at York College by September 2011, Jack will feel comfortable using his local library by May 2010, Jane will have the confidence to use public transport by March 2010 etc)

i)

ii)

iii)

2. Which of Our Celebrations activities do you think will be best your client achieve the outcome/s identified above?

- | | |
|---|--------------------------|
| Healthy Eating Course – Celebrating Food! | <input type="checkbox"/> |
| Information Technology Training (Accredited Learning) | <input type="checkbox"/> |
| Confidence Building Course – Stepping Out | <input type="checkbox"/> |
| Design & Print Workshop (Work Placement) | <input type="checkbox"/> |
| Computer Club | <input type="checkbox"/> |
| Craft Club (includes card making, sewing, crafts etc) | <input type="checkbox"/> |
| Drama Club | <input type="checkbox"/> |
| Yoga | <input type="checkbox"/> |
| Reading Group | <input type="checkbox"/> |
| Walking Group | <input type="checkbox"/> |

3. If your client has been to Our Celebration in the past please give brief details below

4. Does your client have any specific support needs that we need to know about in order to maximise the benefit they receive from attending Our Celebration?

Medical History

Our Celebration is unable to offer any assistance with administering or giving guidance around medication. We will refer any queries about medication to the medical contact named above.

1. Is your client currently taking prescribed medication?

Yes No

2. Is your client able to self administer this medication without assistance?

Yes No Usually

3. Is your client compliant with their Doctors advice?

Yes No Usually

4. Please tell us about any allergies your clients has.

5. Please identify early warning signs to be aware of prior to a decline in mental health.

Drug and Alcohol Dependency

Our Celebration is unable to provide the required level of support for people who are currently using illegal class A drugs or have alcohol dependency problems. We regret that we are currently unable to accept referrals for these clients.

1. Has your client taken illegal drugs in the past twelve months? If so, please give details and information about potential future risks

Yes No

Further Details:

2. Has your client had issues around alcohol dependency within the last twelve months? If so, please give details and information about potential future risks

Yes No

Further Details:

3. Has your client attended a drug rehabilitation course within the last twelve months? If so please give details including finishing dates, compliance and outcome.

Yes No

Further Details:

4. Has your client been prescribed methadone or a similar drug replacement treatment within the last twelve months. If so, please give details.

Yes No

Further Details:

Violence and Aggressive Behaviour

In order to ensure the safety of fellow clients and staff Our Celebration has to carry out risk assessments that include potential for violence and aggressive behaviour. We understand that some violent and aggressive behaviour will be due to mental ill health and this will be taken into account when considering referrals.

1. Has your client exhibited violent or aggressive behaviour within the last twelve months?

Yes No

2. If so, please give details including potential future risks and information about police involvement and prosecutions.

Aptitude, ability to interact, learn and recover

All activity at Our Celebration requires interaction with other people including fellow clients, staff, tutors and volunteers. Some of our training programmes require a good degree of concentration and commitment and clients need to have reached a place where they are ready to work towards recovery. We only require a general guideline in this section as it will be explored further at the initial meeting.

1. Is your client generally aware of the type activities they may be undertaking at Our Celebration?

Yes No

2. Does your client have any difficulties with concentration?

None Some Many

3. Is your client able to interact with other people in a social setting?

Yes No Usually

4. Is your client aware of the consequences of their actions?

Yes No Usually

Are there any other issues that we should know about in order to make your clients experience at Our Celebration as positive as possible?

Thank you for your interest in Our Celebration

As part of its ongoing commitment to support and development all of its clients, we feel that its can be helpful at times to arrange joint meetings between our tutors, mentors and other professionals such as yourself who are involved in our clients care. If you would not be able to attend these meetings yourself please give us the contact details of who you think would be most appropriate.

Name:

Relationship:

Contact Details :

We will be in touch shortly after receiving this form to arrange a time for an initial interview. Please also send photocopies of the following forms:

- Care Plan & Needs Assessment
- Risk Assessments

Please send all requested information to:

Kathy Sturgess
Our Celebration
Highcliffe House
Highcliffe Court
Clifton
YO30 6BP

All personal information supplied within referral forms is treated in the strictest confidence in line with our policies on Confidentiality and Data Protection.

We aim to respond to all referrals within fourteen days of receipt.