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| **Who is making this referral?** | |
| Where did you hear about Oakleaf?  Self-referral ☐        Have you had a show around in the last 3 months? Yes ☐ No ☐ | |
| Referred by  someone else ☐ | Referrers name:  What organisation they work for:  Their work address:  Their contact number: |

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| **Personal information** | | |
| Name: | | Date of Birth: |
| Address: | | |
| Email: | | |
| Contact number/s: | | |
| If supported name of consultant/CPN/support worker: | Support workers contact telephone number:  Can the support worker be contacted directly if necessary?  YES ☐ NO ☐ | |
| Have you ever been convicted or found guilty by a Court of any offence (Excluding motoring offences and parking fines)  YES ☐ NO ☐  If yes, please attach an up to date risk assessment. | | |
| **GDPR STATEMENT:**  Oakleaf Enterprise are the Data Controller of the information you have provided. Due to the nature of our work with you, we are required to collect personal data about you which will include special categories of personal information This information will only be collected from you and used by us to assist you, it will not be shared with third parties unless the law allows. We have a data protection regime in place to oversee the effective and secure processing of your data, we will hold your information for 6 years unless you instruct us to delete it once the relationship has ended. We would like to be able to send you information and /or reminders about activities and appointments by post, telephone email and/or SMS. If you agree to being contacted in this way please sign below.  Signed:-------------------------------- Date------------------------------  (MUST be signed by individual being referred to Oakleaf)  **PLEASE TURN OVER TO COMPLETE THE REST OF THE FORM** | | |

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| **Mental health information** Please give us as much information as you can regarding the client’s mental health conditions and how they affect them |
| Current mental health information: |
| Past mental health information: |
| **Reason for referral** What would the client like to do at Oakleaf and why? |
| Please specify which activity/activities the client is interested in:  **Vocational Training**  Upholstery ☐ IT ☐ Garden Maintenance ☐ |
| **Wellbeing Activities** (see calendars for activities) ☐  **Please circle the area(s) in which you would like to join activities:**  Guildford Town Centre North Guildford Waverley |
| **Counselling** ☐ |
| What would the client like to change or achieve by attending Oakleaf?  1.  2.  3.  What is the client’s long-term goal? |
| **Current social situation** |
| Does the client currently receive support from other services? Please specify.  What is your current living situation?    Does the client have any issues with drugs or alcohol? If so, please specify |
| Signed:       Date:  Print name:  **Please return this form to:**  **Client Services Department, Oakleaf Enterprise, 101 Walnut Tree Close, Guildford, Surrey, GU1 4UQ**  [katiedewick@oakleaf-enterprise.org](mailto:katiedewick@oakleaf-enterprise.org) **| Tel: 01483 303649 | Fax: 01483 537069** |