

Referral Form

Date issued:	Date received:	Date commenced:
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Personal details

Forename:	Surname:
Address:	
Postcode:	Tel Number:
Date of Birth:	NI Number:

Next of Kin details - please state 'None' if no next of kin known

Forename:	Surname:
Address:	
Postcode:	Tel Number:
Relationship to client:	

Emergency contact details - if different from above

Forename:	Surname:
Address:	
Postcode:	Tel Number:
Relationship to client:	

Referral details

Referral Source:	Contact Name:
Address:	
Postcode:	Tel Number:
Mobile Number:	Fax Number:
Job title:	Email address:

Recent medical history

Most opportunities at Silver Birch (Scotland) involve some degree of physical activity. It is important that we are supplied with medical information to ensure we are able to support the clients safely and that they get the best out of our project. Also as a means of assessing the health benefits for people participating in Social & Therapeutic Horticulture we would like to have an up to date health record for the individual. Subsequent health checks may be requested as these will enable us to monitor any improvement in the individuals' health as a result of their placement at Silver Birch.

Name of GP:	Address:
Is GP aware of referral?	

Have you/ the individual ever had a health check carried out by their G.P? Yes/no

If yes when ?

Would this information be available to Silver Birch? Yes/no

If no health check has been carried out Silver Birch may request for this to happen, would this be a problem? Yes/no

Are there any other professionals/agencies involved in your/individuals care? Yes/no

If yes please list and state in what capacity they are or have been involved;

Have you/the individual previously experienced or is currently suffering from any of the follow-

Condition	Yes	No	If yes, please give details
Epilepsy			
Chest complaints			
Asthma			
Diabetes			
Any physical disability			
Any special dietary needs			
Any known allergies			
Other (please specify)			

What is your/the individual's status in relation to the following vaccination?

Vaccination	Details (Vaccinations are compulsory and must be up to date prior to joining Silver Birch)
Tetanus	

Please detail any medication you/the individual are/is currently taking

Name of medicine	Details (Include reason for medication, dosage and time of medication. Also, please state if Silver Birch staff are required to administer the medication and if any specific training is needed to do so e.g.. Medazolam) If this medication requires a written protocol please attach (placement will not commence without the required paperwork)

Please tick the box below in relation to the type of placement being requested.

Long term placement—clients referred under this category will receive the standard level of care i.e. work experience and skills development , this will include an initial skills assessment , the creation of a learning plan and goals set for them to achieve, regular reviews (3-6mthly) will be carried out to ensure learning plans are up to date and goals are being met. (There is no fixed term on this placement).

Fixed term placement (2-3yrs) - clients referred under this category must have an interest in gaining employment out with Silver Birch at the end of their placement. Referrals therefore should be more specific to their employment skills needs. Clients in this category will receive the standard level of care as detailed above but instead of having a learning plan they will have a more specific career plan developed, this will be aimed at providing the skills required to gain employment at the end of their placement and to provide them with a completed portfolio to show potential employers. We will also if required assist in creating a C.V. and help with interview skills.

This type of referral will require a lot of regular input from the individuals Care Manager and any other relevant professionals involved in their care, particularly in the latter year of the placement.

Please detail below what employment/general skills you/the individual hope to gain from attending Silver Birch (Scotland) Ltd. (Applies to both types of referral) -

Work experience

Please detail the skills you/the individual has already gained through previous training, employment, work experience or life experience.

A 'better off at work' calculation may be carried out as part of the assessment of future employment needs, therefore we require to know what benefits you/individuals are in receipt of, please give details below e.g. D.L.A. Incapacity, Income support and state whether its at higher or lower rate;

For invoice purposes, please detail the funding source, together with the contact name, address, telephone number and email address.

Please detail the support arrangements which will be required by you/the individual, indicating which area of support would be provided by the referring agency and what areas by Silver Birch

Support provided by referring body	Support required from Silver Birch

Behavioural history

Silver Birch (Scotland) Ltd provides supported work experience and training through the production, retail and delivery of horticultural products such as organic compost, bark & shrubs.

The organisation strives to be as inclusive as possible, and are actively involved in the local community. In order to be able to welcome the public to visit the premises and allow service users to deliver products, it is essential that the organisation is fully aware of any past behaviour which may cause concern. This includes criminal convictions or offending activities that would increase the potential risk to you/the individual, colleagues and the general public.

Have you/individual ever been convicted of any criminal act or known to have offending behaviours? If so, please supply details, nature of crime, dates etc.

As Silver Birch (Scotland) Ltd is a community orientated organisation, individuals must be thoroughly assessed for risk. In some cases, a more detailed risk assessment will be required. Please detail below any particular behaviours (other than those listed above) you feel Silver Birch need to be aware of to enable us to support the you/individual in a positive and safe manner.

Confirmation of information - This should be signed by the person completing this form

First Name:	Surname Name:
Address:	
Postcode:	Tel Number:
Mobile Number:	Fax Number:
Job title:	Email address:
Signature:	Date:

Please return to: Silver Birch (Scotland) Ltd, 6A Lochmill Holdings, Antermoney Road, Milton of Campsie G66 8AE. For enquiries call 0141 777 5050 or fax: 0141 776 5427