



ADULTS SUPPORTING ADULTS REFERRAL FORM (PART 1)

Please tick resource required: Please indicate number of hours required per week for Day Time Provision or Sit2Gether.

<input type="checkbox"/> Day Time Provision Hrs/week	<input type="checkbox"/> Sit2Gether Hrs/week	<input type="checkbox"/> Spriteleys	<input type="checkbox"/> At Home Day Resource
<input type="checkbox"/> Shop2Gether	<input type="checkbox"/> Respite	<input type="checkbox"/> Extended Stay	<input type="checkbox"/> Lifestyle Brokerage

1. Your Details

Name:
Likes to be known as:
Address:

Home Tel. No.:
Mobile:

2. Contact Details for Next of Kin

Next of Kin:
Name:
Address:

Tel. No.:
Relationship:

D.O.B.

Age:

3. Other Professionals who Support you:

Any other Agencies who support you:

Tel. No.:

4. What do you want from the service, please tell us any information that the Provider may need to support you.

5.	
Medical information (to include current health, long term health, allergies, any special dietary requirements)	
Mobility information (to include brief description of how you mobilise, mobility aids used-inside and outside, use of vehicles)	
Personal care needs (to include continence requirements, and any aids used)	



<p>Sensory impairments (to include information on vision, hearing etc and any aids used)</p>	
<p>Communication (to include how the person communicates and support required)</p>	
<p>Lifestyle choices that we need to be aware of i.e. Smoking, Alcohol, Budgeting, Cultural needs etc.</p>	



CONFIDENTIAL

APPLICATION FOR ADULTS SUPPORTING ADULTS RESOURCES

Notes
Adults Supporting Adults provides a number of resources. This information is required to match clients with appropriate providers and to do so it may be shown to a number of different providers. This not only ensures appropriate understanding of the client's needs, their safety and security, but also ensures the safety and security of the provider and their family.

CONFIDENTIALITY STATEMENT

All providers are bound by the Confidentiality Policy (GP.02) of Adults Supporting Adults. The Health & Safety at Work Act 1974 sets the general duties and responsibilities for health and safety at work and is re-enforced by the management of Health & Safety at Work Regulations 1992. Section 3 places a duty on employers to conduct their business to ensure, so far as reasonably practical, that people not employed by them are not exposed to risks to their health and safety. This includes providing them with sufficient clients' information about the risks they will encounter. The person providing this information needs to be aware that the information contained therein will be shared with the chosen provider and may need to be given to other authorities/establishments if identified that the information would be in the best interests of the named client.

I authorise that the information contained in this form may be passed to the Resource Provider and Adults Supporting Adults.

Signature of Client _____

Date:

Signature: _____ Assessor Referring the Client (if applicable)

Date:

For ASA office use only		
Date Referral received)	Date	
Referral allocated to	ASA Worker	
Confidential Information sheet received	Date	
Referral progress record sheet processed	Date	