

**Make a Referral**

Please send this form via e-mail to betterconnected@guideposts.org.uk

**Applicant Details**

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| Date of Birth |  |  |  |
| Email |  |
| Contact number |  |
| Preferred means of contact (circle / highlight as required) | Phone call / Email / Text / Post |

**Referrer Details**

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| Relationship to the applicant |  |
| Email |  |
| Contact number |  |

**Emergency Contact details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Relationship to the applicant |  |
| Email |  |
| Telephone  |  | Mobile |  |

**Health questionnaire**

|  |  |  |
| --- | --- | --- |
| Does the applicant have any of the following (circle / highlight as required): | Learning disability | Autism |
| ADHD | Anxiety |
| Asperger’s | Cerebral Palsy |
| Downs Syndrome | Dyslexia |
| Fragile X Syndrome | Hearing Impairment |
| Motor disability | Sensory processing disorder |
| Vision impairment | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Any history of consistent challenging behaviour? | Yes / No |
| If yes, please provide details |  |

**Criminal Record**

|  |  |  |
| --- | --- | --- |
| Have the applicant been convicted of a crime? |  | Yes |
|  | No |
| Please provide details |  |

**Final details**

|  |  |  |
| --- | --- | --- |
| Does the applicant require help getting online? |  | Yes |
|  | No |
| How did you hear about Better Connected?  |  | Social media |
|  | Guideposts website |
|  | Email newsletter |
|  | Word of mouth |
|  | Other |
| Why are you making a referral? (Tick as many as apply) |  | Applicant feels isolated |
|  | Applicant wants to build social confidence |
|  | Applicant wants to try new hobbies |
|  | Applicant wants to try new skills |
|  | Other |

To keep everyone safe we will require more information and this will be discussed with you during one of the phone calls before we can enrol the applicant onto the service.