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Platform 1 Referral Process

This process is designed to ensure that Platform 1 can provide a safe and healthy environment for all our service users. The completion of this process allows us to better cater to individual needs and enables to carefully consider what we do and how.

1. Professional referrals – a professional must complete a Platform 1 referral form with or on behalf of their client and submit it with the consent of the client. The professional must complete all questions that they can to the best of their knowledge
2. Self-Referrals – men wishing to use Platform 1 must complete a platform 1 referral form, if support is required on the completion of the referral form, please make contact with a member of Platform 1 team on 01484 421143
3. Assessment of the Applicant – the referral will be assessed by a member of the Platform 1 team. If going by the information you have provided; we feel we are able to meet the referrers needs, they would be invited in for a one to one meeting with one of our key workers. If we do not feel we are able to meet your needs from the information provided we may request further information.
4. One to One meeting – During the one to one meeting you will be asked further questions regarding medical issues and lifestyle choices, this will support the team and the key workers in ensuring we are able to facilitate the applicants needs and ensure the safety of all Platform 1 users. You will be asked to sign a document which outlines the terms and conditions for the use of Platform 1, if you are agreeable to the ground rules you will be provided with a tour of platform 1 and its facilities
5. Risk assessment – upon completion of the one to one meeting and using the information provided on your referral form a risk assessment will be carried out to ensure that the use of platform 1 can safely meet your needs; your membership can then be confirmed. If we feel that we are unable to support your needs you will be informed either in person at this time or contacted at a later time. They may also offer support and advice and potentially signpost you to other organisations that may be better suited to your needs
6. If membership is agreed – an official induction for the use of our facilities will be offered.



**Agreement and standing ground Rules**

The following is not intended to be restrictive, but to protect the safety and wellbeing of everybody on this site

* Members are expected to be respectful and non-judgemental to others on this site.
* Prejudice and intolerant behaviour will not be tolerated. Racism and other types of discrimination will result in the withdrawal of membership.
* Bullying or aggression towards others will result in instant exclusion from the site
* The site is a no smoking site. Smoking is not allowed on site or in the entrance area
* No alcohol is allowed on site
* Anyone under the influence of drugs or alcohol will be refused admittance
* Everyone must sign in and out of the site on every visit regardless of duration of that visit.
* Safeguarding of Vulnerable adults Policy is in place
* Members need to ensure the safety of their own belongings. Platform 1 does not accept liability for lost or damaged property. Items can be left in the office by arrangement
* Use of the woodshed or bike station must be agreed in advance
* Training for use of tools is available.

**For reasons of safety and the wellbeing of members, volunteers and staff: The management reserve the right to withdraw membership without notice. Or decline membership if it is deemed that enough measures cannot be put in place to allow everyone to be safe and well, physically, mentally and emotionally.**

**Management reserve the right to close the site for operational reasons**

**Name please  
print...........................................................................................................................................................**

**I confirm that by signing i have read and understood the above that by doing so accept these conditions**

**(Assistance can be provided and the content of the above read out prior to signing)**

**Signature......................................................................................................................**

**Date...................................................................................................................**



**PLATFORM 1 REFERRAL FORM**

**1.Referrer (I.e. social worker, other professional, or agency)**

Not applicable for those making a self referral

|  |  |
| --- | --- |
| **Name** |  |
| **Firm/Agency (if applicable)** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email Address** |  |

**2. Personal Details**

|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **Preffered Name (what would you like us to call you?)** |  | |
| **Address** |  | |
| **Telephone Number** |  | |
| **Email Address** |  | |
| **Date of birth** |  | |
| **Ethnic Origin** |  | |
| **Emergency Contact Details**  **(next of kin)** | **Name:**  **Telephone:**  **Relationship:** | **Name:**  **Telephone:**  **Relationship:** |

**Any friends or family who we would contact on your behalf?**

**Names and contact details please**

**Name:**

**Tel:**

**3. Languages spoken**

|  |  |
| --- | --- |
| **First language:** | **Other Languages Spoken:** |

**4. Living arrangements**

**Do you live alone?   
 Yes No**

**If no please provide further information as to who you live with**

**5. Why do you wish to become a member of Platform 1**

**6. Do you have a medical condition or disability?**

**Yes No If Yes please provide details**

**7. Do you have a learning/behavioural Disorder**

**Yes No If Yes please provide further  
  
 information**

**8. Where did you hear about Platform 1**

**Connected Persons (please give names if you know them)**

**Doctor:  
Social worker:  
Key Worker:  
Other Relevant Person:**

**9.Personal Background**

**Tick any of the following which apply:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Alcohol Issues** |  | **Health problems** |  | **Mental health issues** |  |
| **Asylum Seeker** |  | **Homeless** |  | **No fixed abode** |  |
| **Carer** |  | **Housing Issues** |  | **On bail** |  |
| **Carer not own child** |  | **In care** |  | **On probation** |  |
| **Has a child in care** |  | **Learning difficulties** |  | **Parent** |  |
| **Drug Issues** |  | **Low income** |  | **Refugee** |  |
| **Ex offender** |  | **Lone parent** |  | **Other** |  |

**IF YOU HAVE TICKED OTHER, PLEASE GIVE DETAILS**

**10. Involvement of other agencies**

**Have the family or either of the parties been known to be involved with any of the following:**

|  |  |  |
| --- | --- | --- |
| **Social Services** | **Yes** | **no** |
| **Anger Management Programme (or similar)** | **Yes** | **No** |
| **Support services for people affected by domestic abuse** | **Yes** | **No** |
| **Support services for alcohol misuse** | **Yes** | **No** |
| **Support services for substance misuse** | **Yes** | **No** |
| **Support services for mental health** | **Yes** | **No** |

**11. Probation Service Declaration and information**

**Are you currently on Probation or License?**

**Are there any conditions for your release?**

**If so who is your Probation Officer:**

**12. Have you had ANY criminal convictions, cautions or warnings?**

**FAILURE TO DISCLOSE ANY CONVICTIONS OR RELEVANT ALLEGATIONS WILL RESULT IN THE REFERRAL BEING AUTOMATICALLY REFUSED.**

Please confirm if you have any Cautions, Allegations or Convictions related to the following:

Please tick if it applies.

**Drugs/Alcohol/Substances**

**Sexual Offences**

**Possession of weapons**

**Theft or Burglary**

**GBH or Violent Assaults**

**Harassment, Verbal Offences**

**Criminal damage/Arson**

**Driving Offences**

**Please give details Below:**

**13. Agreement**

**Please read the following carefully.**

* **I confirm that the information contained within this form is to the best of my knowledge both accurate and true.**
* **I give my permission for a member of Platform 1 to contact any of the services noted in this referral form.**
* **I give Platform 1 permission to collect and store my data for the purpose of safeguarding, monitoring and the fulfilment of Platform 1 and its goals and monitoring the impact the service has had on each individual using Platform 1.**
* **I understand that the information obtained and recorded during your participation in Platform 1 will not be assessable and/or shared with others without your prior consent unless absolutely necessary.**

**PROFESSIONAL REFERRER/APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name:** |  | | |
| **Signed:** |  | **Date:** |  |

**Application/Referral Process Checklist**

|  |  |  |
| --- | --- | --- |
| **Name** |  | **D.O.B** |
| **Referrers Name** |  | |
| **Refereeing Organisation** |  | |
| **Date Referral Received** |  | |
| **Keyworker** |  | |

|  |  |  |
| --- | --- | --- |
| **Item** | **Completed By** | **Date** |
| **Referral assessed** |  |  |
| **One to one meeting** |  |  |
| **One to one assessment for alcohol, substances and Mental Health** |  |  |
| **Tour** |  |  |
| **Individual Risk Assessment** |  |  |
| **Membership agreed** |  |  |
| **Membership Rejected** |  |  |
| **Ground Rules complete** |  |  |
| **Induction completed** |  |  |
| **Bike shed induction** |  |  |
| **Workshop induction** |  |  |
| **Gardening induction** |  |  |
| **Review 1** |  |  |
| **Review 2** |  |  |
| **Review 3** |  |  |
| **Review 4** |  |  |

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**One to One Meeting**

|  |  |
| --- | --- |
| **Name of Client:** |  |
| **Date/Time of meeting:** |  |
| **Member of team conducting interview** |  |

|  |  |
| --- | --- |
| **Are the names, addresses and telephone numbers correct?** | |
| **What is your main reasons for becoming a member of Platform 1** | |
|  | |
| **What support would you like from Platform 1** | |
|  | |
| **Do you have any medical conditions we should be aware of?** | |
|  | |
| **Are there any issues on the referral form that needs further discussion?** | |
| **Is there a need to complete alcohol, substance or health assessment?** | |
| **Yes** | **No** |

** Level of Risk:**

**Individual Assessment form**

|  |  |
| --- | --- |
| **Carried out by** | **Date completed:** |
| **Name of Person being Assessed:** | **DOB:** |
| **Risk Management(what are the risks identified)** | |
|  | |
| **Level of Risk**  **LOW MEDIUM HIGH** | |
| **Comments and Actions (How are you going to manage risk?)** | |
|  | |
| **Are you able to manage the identified risks? YES NO** | |
| **Signed:** | |

**What are the principle reasons for wanting to use this service?**

**Views and Expectation of Service at platform 1**

**What do you hope or expect of Platform 1**

**If you are a referrer; what do you hope or expect for your client?**

**Do you have any special requirements relating to illness, impairment, allergies, special needs or other? Please specify**

**Has this service been recommended by another agency? If so name, address and key worker**

**Further Background Information**

**History, family history including nature of problems; onset of harm (e.g Abuse domestic violence)? Family breakdown, Care Provision, Addiction, Victim of crime, Bullying, Racism, ETC? (continue on the back of the page if necessary)**

**Any other concerns regarding activity at Platform 1**

**Do the referrers have evidence (abuse/allegation, mental health illness, abduction, physical health) indicating the applicant needs professional supervision (continue on the back of the page if needed)**

**Please indicate which of the following have affected or continue to affect the individual and what is the level of risk**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes/No/Allegation** | **Low** | **Medium** | **High** |
| **Mental Health Issues** |  |  |  |  |
| **Alcohol Abuse** |  |  |  |  |
| **Drug/Substance abuse** |  |  |  |  |
| **Medical condition** |  |  |  |  |
| **Disability/Impairment** |  |  |  |  |
| **Learning Difficulties** |  |  |  |  |
| **Personality disorder** |  |  |  |  |
| **Risk of self-harm** |  |  |  |  |
| **Risk of violence towards others** |  |  |  |  |
| **Financial issues** |  |  |  |  |
| **Risk of Homelessness** |  |  |  |  |
| **Domestic abuse/Family abuse** |  |  |  |  |
| **Conflict between others** |  |  |  |  |
| **Immigration/Asylum** |  |  |  |  |
| **Victim of Crime** |  |  |  |  |
| **Other (please specify)** |  |  |  |  |

**What level of Risk is associated with the applicant?**

**Low Risk: There have been no concerns that could be impact the safety and wellbeing of themselves or others at the site**

**Medium Risk: there are concerns that could be impact the safety and wellbeing of themselves or others at the site**

**High Risk: There are SIGNIFICANT findings or concerns that could be impact the safety and wellbeing of themselves or others at the site**

**Signed:**

 Member number:

|  |
| --- |
|  |

Contents of Member Files

Member name:

|  |  |
| --- | --- |
| Platform Referral Process intro |  |
| Referral Form |  |
| Ground Rules |  |
| One to One Meeting |  |
| Individual assessment form |  |
| Application Checklist |  |
| Contact Log |  |