



PLATFORM 1 REFERRAL FORM

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	

Personal Details

Name	
Gender	
Preferred Name (what would you like us to call you?)	
Address	
Telephone Number	
Email Address	
Date of birth	
Emergency Contact Details (next of kin)	Name: Telephone: Relationship:

Languages spoken

First language:	Other Languages Spoken:

Living arrangements

Do you live alone?

Yes

No

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

Why do you wish to become a member of Platform 1

Where did you hear about Platform 1

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 everyone 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 necessary.

PROFESSIONAL REFERRER/APPLICANT

Print Name:			
Signed:		Date:	

GDPR Special Characteristic Data – The following data requires explicit consent and must not be stored unless the form is signed.

Do you have medical conditions or disabilities?

Yes

No

If Yes please provide details.

Do you have any learning or behavioural Disorders?

Yes

No

If Yes please provide details

Connected Persons (please give names if you know them)

Doctor:

Key Worker:

Social worker:

Other Relevant Person:

Personal Background and Mental state

Tick any of the following which apply:

Depression		Anxiety		Dementia	
Personality disorder		OCD		PTSD	
BI-Polar		Schizophrenia		Psychosis	
Insomnia		Epilepsy		Low confidence	
Homeless, NFA/WFA/Roofless		Ex-offender		Currently on Licence or probation	
Alcohol issues		Drug Issues		Learning difficulties	
Low income		Housing issues		Social Difficulties	
Parent		Suicidal thoughts		Self-Harm	

Any other issues you feel we should know about

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

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:

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:

Name please

print.....

Signature.....

Date.....