Apple Blossom Care Farm Referral Form

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| Referring organisations details*Please complete all sections of this form* |
| Referral agency: | Date form completed: | Date received (office use only) |
| Contact name for invoice: | Contact number of referrer: |
| Name of referrer: | Email address: |
| Address of referrer: | Position: |
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| Potential Farm Helper Details |
| Name of person: | Date of Birth: |
| Address of person being referred: | Gender M/FDisclosed disability Yes/No |
| Home number: | Mobile number: |

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| Farm helper information |
| What do you hope to achieve from attending Apple Blossom Care Farm? |
| Will you bring your own support? Yes/NoIf not, what level of support do you think you need? |
| How will you get to Apple Blossom Care Farm – bus, lift, own vehicle, taxi? |
| How will your placement be funded? |
| Do you have any special requirements/ requests that we should know about? |

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| Medical and Mental Health Information |
| Have you or the person you are referring being diagnosed or is or has been affected by any of the following (please circle all that apply) |
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| Hearing impairment | Visual impairment | Physical difficulty |
| Asthma | Epilepsy | ADD/ADHD |
| Depression | Anxiety | Stress |
| Eating disorder | Addiction | Downs syndrome |

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| Autistic spectrum disorder | Bipolar disorder | Grief or loss |
| Social or emotional difficulty | Dyslexia | Dyspraxia |
| Allergies (please specify) |
| Please list what medication you are taking: |
| Any other relevant medical information: |

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| Support : Agencies involved |
| Agency | Contact Person | Contact number |
| Social Care Services |  |  |
| Adult mental health team |  |  |
| Medical |  |  |
| Other (please specify) |  |  |

Please attach relevant reports/documents e.g Current Care Plan and risk assessment.

This information will be treated in the strictest confidence. We will be in touch as soon as possible to arrange a suitable time to meet us and visit the farm. If you have any further questions or concerns please feel free to contact us.

Please return the completed referral form to:

Apple Blossom Care farm, C/O 31 Caer Beris Park, Builth Wells, Powys, LD2 3HH.

Or

appleblossomcarefarm@btinternet.com