

**Vulnerable Person Referral Form for Weekly Groups**

This form is to be filled out by/for an individual who is considered vulnerable or has any known disabilities in order to maintain safety and care during activities. Please complete all sections of the referral form and attaching additional information if needed. Please complete the photo consent form as well. Where not applicable, please write NA. Please return to danielledp@uppertunity.co.uk

|  |  |  |
| --- | --- | --- |
| Name: | | DOB: |
| Contact Number: |  | |
| Contact email address: |  | |
| The above details will only be used to contact the person if any groups/workshops are cancelled or times/dates have been changed. | | |

1. Individual being referred:
2. Contact person in case of an emergency:

|  |  |
| --- | --- |
| Name | Relationship to client: |
| Contact details: | |

1. Referral details:

|  |  |
| --- | --- |
| Is this a self-referral or from an organisation? Please name the organisation if applicable. |  |
| Group/s or program wishing to attend |  |
| Why do you/the individual wish to join Uppertunity? What would you like to gain from our services? |  |
| Would you/the individual like to join our Member Committee Meeting? |  |
| We offer a free mentoring service to all our clients and volunteers, where we have an informal catch to find out how things are going and how we can help achieve goals and overall. Would you/the individual like to receive this? |  |

|  |
| --- |
|  |

1. Please outline any additional needs of yourself/the individual being referred which you feel we need to be aware of:
2. Risks and concerns: Please outline any risks, concerns, fears, allergies or anxieties of yourself/the individual being referred. This will help us plan activities and avoid distress:

|  |
| --- |
|  |

1. Do you/the individual have any communication or physical requirements, such as wheelchair access:

|  |
| --- |
|  |

1. Additional information:

|  |
| --- |
|  |

1. Skill levels

Please circle your/the individuals skill level or understanding. 1 is low and 5 is high.

|  |  |
| --- | --- |
| Arts and crafts | 1 2 3 4 5 |
| Cooking and baking | 1 2 3 4 5 |
| Gardening | 1 2 3 4 5 |
| Woodwork | 1 2 3 4 5 |
| Sewing | 1 2 3 4 5 |

Uppertunity complies with General Data Protection Regulation. All measures are taken to keep data safe and secure. Uppertunity will not share this information with any other individual or organisation. If you wish to update or remove any information, please contact the manager and we will not hesitate to do so.

****

**Photo Consent Form for Members**

Uppertunity would like to take your photograph to promote our work, which will be used for publications including newsletters, reports and information leaflets, social media including our website and business Facebook page and training material for Uppertunity staff.

Uppertunity will not use the images taken, or any other information you provide, for any other purpose. Uppertunity will not share these photos with any other individual or organisation. Uppertunity will only take suitable photos of individuals and all photos will be stored in a safe and secure manner. Our policies can be found on our website: upppertunity.org.uk

You are welcome to remove your consent at any time.

Consent information:

Please tick the box of your choice:

|  |  |
| --- | --- |
|  | I **DO** allow Uppertunity to take photos of myself |
|  | I **DO NOT** allow Uppertunity to take photos of myself |

Please tick the boxes where we may use your photos:

|  |  |
| --- | --- |
|  | Publications including newsletters, reports and information leaflets |
|  | On our business website page |
|  | On our business Facebook and Instagram page |
|  | Training material for Uppertunity staff |

Personal details:

|  |  |
| --- | --- |
| Name of client: |  |
| Signature of client: |  |
| Date: |  |
| Name of carer (If required): |  |
| Signature of carer: |  |
| Date: |  |