



# Participant Referral Form

Preferred language for future correspondence;

English

Welsh

Client's Name:	D.O.B:
Address;	
Telephone No.	
Referrer's Name:	
Referral Agency:	
Telephone No./ E-mail:	
National Insurance no:	
G.P Name:	Surgery details:
Contact No.	
Medical History:	
Current Medication:	
Any Side Effects That Would /Could Limit Work Placement:	
*What benefits are the participants receiving? (Please tick all that apply)	
Jobs Seekers Allowance:	<input type="checkbox"/> Start Date _____
Incapacity Benefit:	<input type="checkbox"/>
Employment Support Allowance:	Work <input type="checkbox"/> Support <input type="checkbox"/> Start Date _____
Disability Living Allowance:	<input type="checkbox"/> Level _____
Income Support	<input type="checkbox"/>
Other	<input type="checkbox"/> Please specify: _____

Brief details of Substance Misuse history:

Does the participant have any additional support needs which we should know about?  
Please describe:

When would you like to arrange a meeting and do you have any preferences about location?

Please give details of participant's interests and preferences for future development (i.e. Basic skills, soft skills, I.T teaching, job search/other),

*Please attach any relevant information including a Risk Assessment which will help us assess the needs of the Participant.*

To your knowledge has there been: (since last risk assessment)

Any suicidal ideation or action, or episodes of self harm?

If Yes, detail:

Any threats of or acts of violence to others (abusive behaviour)?

If Yes, detail:

Any gender or ethnic issues?

If Yes, detail:

Change in child care status?

If Yes, detail:

Any deterioration in self-care?

If Yes,detail:

Next of kin details:

Name:

Address:

Telephone No:

Referrer's Name:
Referrer's signature:
Participants signature: I can confirm that I give permission for this information to be shared with the Coastal Team:
Date:
Thank you for completing this form and for your referral. We will contact you on receipt of this form to arrange for an appointment.
Please note that these questions are designed to ensure that we have the information we need to ensure your client has a positive experience. However, if our project is not suitable for your referral, we will aim to help find alternative provision which better meets their needs.  <b>Please return to: Coastal, Prism, 1<sup>st</sup> Floor, 46 High Street, Lampeter, Ceredigion SA48 7BB</b>
For office use only. COASTAL ID No.  Support Worker:  First Meeting :

**Please return to: Coastal, Prism, 1<sup>st</sup> Floor, 46 High Street, Lampeter, Ceredigion SA48 7BB**