Support Referral / Request

I am requesting support for: \*

*
* **Consent \***

Do you have consent of the person to request support or services on their behalf?

**Referrer Information**

Please complete this information **ONLY** if you are making this request on behalf of **SOMEONE ELSE**.

**\*Mandatory Information**

|  |  |
| --- | --- |
| Referring Agency Ref |       |
| Referring Agency\* |       |
| Referrer’s Name\* |       |
| Job Title / Role |       |
| Referrer’s Tel. |       |
| Referrer’s Mobile |       |
| Email\* |       |

**Client Information**

* Please complete the following information about the person for whom you are requesting support. If you are requesting support for yourself, this information should be about you.

|  |  |
| --- | --- |
| Known as / Preferred Name \* |       |
| Other Names |       |
| Gender Identity \* |  | Other: |       |
| Sexual Orientation \* |  | Other: |       |
| DOB \* |       |
| NI Number  |       |
| Address |       |
| Postcode |       | Local Authority  |       |
| Mobile Number |       | Home Number |       |
| Email |       |
| Method of Contact and Safe to:(tick all applicable) | [ ]  Call Mob [ ]  SMS [ ]  Email [ ]  Call Home [ ]  Letter Home [ ]  Leave Voicemail  |
| Specific requirements?This could include a specific time or day to contact, or specific language or access requirements  |        |

**Risk**

**Nature of the request**

Date of Referral:

* **The support relates to:\***

 Other:

* **The type of support:\***

 Other:

**Details**

 Please use this section to provide us with information about the nature of the request for support or services. This should include as much information about any issues as you can provide. Please include dates and a synopsis of the support received to date to help us provide the best support we can.

|  |
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|       |

**Crime information**

Does this referral relate to any incident of crime?

Has this been reported to the Police?

If yes, please provide a crime reference number (if known)      , date of incident or date reported       and tell us in which Police Force area the incident occurred .

How was this reported to the Police?

Crime Type / Category:

Was this a hate incident or crime?  **Consent**

* Umbrella Cymru works in partnership with many statutory organisation such as Health Boards and Trusts, GPs, Mental Health Services, Fire and Rescue Agencies, Social Services, Police, Crown Prosecution Service, Local Authority Departments, Education providers and others. We also work closely with several voluntary sector organisations.
* We might find it useful to work with these and other partners in relation to supporting the individual named in this request in order to provide a better service or enhanced support. **By ticking the box below**, you are consenting for us to share the information you have provided to us with relevant colleagues. This information will **only be shared** if it is **relevant and beneficial** to do so, and will otherwise remain **confidential**.
* If you have indicated that this referral relates to a crime or antisocial behaviour, we might notify Victim Support and the relevant Police Force that we have received this request to provide support unless instructed not to below.
* If you are making this referral on behalf of someone else, please ensure the person understands this information before accepting and submitting the form.
* To read our full confidentiality and information sharing policy, please visit www.umbrellacymru.co.uk/confidentiality

 [ ]  I accept

Please make any specific notes in relation to consent to share information below:

|  |
| --- |
|       |