Agency Referral Form

**Initial Information**

I am requesting support for: \*



Have you contacted us before?

Date of Referral:

     -     -      (DD-MM-YY)

* **Consent \***

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

If you have consent to make this referral, please complete the form and return it to us electronically. **Please note that mandatory information is marked with \***

**Returning the form**

We do **NOT** accept paper referrals.

Please return completed forms by email to [referrals@umbrellacymru.co.uk](mailto:referrals@umbrellacymru.co.uk).

We also accept emails using Egress. For more information, visit [www.egress.com](http://www.egress.com)

**Please contact us if you need any help with this referral form.**

**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 |  | | |
| Pronoun Group | - If other, please specify | | |
| Preferred Language | - If other, please specify | | |
| DOB \* | -     -      (DD-MM-YY) | | |
| Gender Identity \* | - If other, please specify | | |
| Sexual Identity \* | - If other, please specify | | |
| Address \* |  | | |
| Local Authority \* |  | Postcode |  |
| Mobile Number \* |  | Home Number |  |
| Email |  | | |
| Method of Contact and Safe to:  (tick all applicable) \* | Email  Call Mobile  Text Message (SMS)  Leave Voicemail on Mobile  Letter Home    Call Home  Leave Voicemail on Home Phone  Contact Via Referrer  Contact Via Parent, Carer, Guardian | | |
| Specific requirements?  (This could include a specific time or day to contact, or accessibility requirements) |  | | |

**Referrer Information**

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

|  |  |
| --- | --- |
| Referring Agency \* |  |
| Referring Agency Ref. |  |
| Referrer’s Name \* |  |
| Pronoun Group | - If other, please specify |
| Preferred Language | - If other, please specify |
| Referrer’s Email \* |  |
| Referrer’s Mobile |  |
| Job Title / Role \* |  |
| Office Number \* |  |

**Crime information**

Does this referral relate to any incident of crime?

Has this been reported to the Police?

Crime reference number (if known)

Date of incident or date reported (if known, or month and year if not)

Police force area the incident occurred .

How was this reported to the Police?

Crime Type / Category:

Was this a hate incident or crime?

**Details \***

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

Other:

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.

|  |
| --- |
|  |

**Risk** \*

**Consent**

The information you have provided in this from will be sent to Umbrella Cymru to be processed and will be used to contact the named person for the purposes of offering and discussing support. The information will be kept on a secure database. Our team has access to this information to offer and provide the best support we can. All information is kept confidential and we will only breach this confidentiality if we are aware of any risk of harm to any person. We will not use, share or sell any information contained within this form for any other purpose. We will not use this information to distribute any newsletters or other marketing campaigns with explicit consent to do so from the named person.

* Please ensure the person understands this information and consents to this before submitting the form.
* To read our full confidentiality and information sharing policy, please visit www.umbrellacymru.co.uk/confidentiality

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

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| --- |
|  |