Make a Referral

If you, or someone you know, could use our help, just let us know by **completing the form below**, call in to our drop-in service or **give us a call on 01228 595566**.

We accept referrals from a wide range of agencies as well as self-referrals. Simply fill in the form below and one of our team will be in touch to discuss your needs or the client's needs. Please include as much information as possible to help us ensure the appropriate specialist team responds to the referral.

Referrers Details

|  |  |
| --- | --- |
| **Referrers Name:\*** |  |
| **Agency:\*** |  |
| **Contact Number:\*** |  |
| **Email:\*** |  |

All fields marked \* are required

Client Details

|  |  |
| --- | --- |
| **Name:\*** |  |
| **Date of birth:\*** |  |
| **Phone number:\*** |  |
| **Current address:\*** |  |
| **Ethnic origin:** |  |

**Please tell us about your current circumstances by answering the questions below:**

**Are you homeless, about to be made homeless, or of no fixed abode? \***

YES/NO

**Please provide information about your current housing circumstances in the space below:\***

**Do you, or have you had, substance issues?\***

YES/NO

**If “YES” please provide details of your current and previous substance use in the space below:\***

**Do you have any mental health issues? \***

YES/NO

**If "YES" please provide information concerning your mental health in the space below:**\*

**Do you have a history of violence or aggression? \***

YES/NO

**If “YES” please provide information below:**

**Are there any risk issues? \***

YES/NO/DON’T KNOW

**Are there any risk issues? Please provide details. It is important that we know of any risks to yourself, to our staff who will be working with you, to others or from others. This will help us decide the most appropriate approach to meet your needs.**

**Note for referring Agents:**

Please provide a copy of your most recent risk assessment (email to admin@carlislekey.co.uk), or alternatively, a summary of the risks you have identified.

**Support Issues:** (please indicate all of your support needs)

|  |  |  |
| --- | --- | --- |
| Income/Benefits  Paying Bills  Budgeting  Debt  Household Tasks  Furnishing/Decorating | Harassment  Neighbour Relations  Leisure/Daytime activities  Nuisance Issues  Social Isolation  Employment/Training | Physical Health  Learning Difficulties  Offending  Education  Other |

Choose Any: Choose Any:

**Please provide details of these support needs:**

**When is the support needed?** (e.g. weekly, daytime, weekends)

**Agency Referrals**

**My client is aware of this referral and I have discussed it with them \***

YES/NO

**Data Processing**

**Data Processing**

Please tick this box to allow us to hold the data you have supplied for the purpose of processing your application for support. All information will remain confidential and be held securely. Once we begin your support we will discuss and agree with you how we use the data we hold about you and in what circumstances it can be shared. The Data Protection Act 2018 requires that we have your permission to store your personal information. By ticking this box you are agreeing that Carlisle Key will act as data controller of the information you have given us. This will allow us to put your information on our waiting lists.

**If you have any queries about how we will store/process your information, please state below.**

**Please return this form marked Private and Confidential to: Iain McNee at: Carlisle Key, 125-127, Botchergate, Carlisle, Cumbria, CA1 1RZ or email:** [**iainmcnee@carlislekey.co.uk**](mailto:iainmcnee@carlislekey.co.uk)

