

WOODSTOCK THERAPEUTIC COMMUNITY



Referral Form

NAME:

ADDRESS:

.....

..... **POSTCODE:**

TEL: **MOBILE:**

D.O.B

EMERGENCY CONTACT NAME AND TEL.NO:

.....

RELATIONSHIP OF EMERGENCY CONTACT:

DOCTOR: **TEL NO:**

SOCIAL/KEYWORKER: **TEL NO:**

FUNDING: Please tick as appropriate to state if the applicant is in receipt of the following benefits and 117 aftercare.

- 1) Employment Support Allowance yes/no
- 2) Universal Credit yes/no
- 3) Disability Living Allowance/ Personal Independence Payment – yes/no
- 4) Other benefits – yes/no
Please state.....
- 5) Section 117 aftercare – yes/no
- 6) Self-funding- yes/no

MEDICAL

Do you have any specific medical requirements that we need to know about, such as diabetes, epilepsy etc?

.....

ALLERGIES/DIET RESTRICTIONS

It is vital that you make us aware of any Food/Drink you need to avoid

.....

HOW DID YOU HEAR OF OUR SERVICE?

.....

Do you consider yourself to have a disability? Yes / No

If **yes**, please describe the nature of your disability and give brief details:

.....

.....

The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day to day activities.

QUESTIONS FOR DISCUSSION:

Would you be prepared to undertake suitable employment/voluntary work at this present time?

.....

Would you find it helpful to have support looking for suitable work?

.....

What are your hopes and aspirations for the future?

.....

What do you hope to gain from engaging with our service and how can we help you achieve this?

.....

.....

Are you happy for photographic images that may include yourself to be used : YES/NO

Signed: **Date:**

**WOODSTOCK THERAPEUTIC COMMUNITY IS A PART OF WOODSTOCK HOUSE Ltd.
Company no:09456930**

Woodstock Therapeutic Community is working to ensure that its workforce, including volunteers, reflects the city's diverse population. We can only judge our success in this area if we have full information regarding the gender, ethnicity and disability of all prospective clients. The information will be kept confidential and used only for monitoring purposes.

Ethnic origin

Please note that these categories reflect those used in the 2001 Census. How would you describe your ethnic origin? (If you do not identify with any of the categories listed, please use one of the "other" categories.) Please tick one box.

White	WU	British	
	WI	Irish	
	WO	Other white	
Mixed	MC	White and black Caribbean	
	MA	White and black African	
	MS	White and Asian	
	MO	Other mixed	
Asian or Asian British	AI	Indian	
	AP	Pakistani	
	AB	Bangladeshi	
	AS	Other Asian	
Black or Black British	AC	Caribbean	
	AA	African	
	AO	Other black	
Chinese or other	AH	Chinese	
	OE	Other ethnic group	
	UU	Don't know/not sure	
	RF	Would rather not state	

Religion/belief		
How would you describe your religion/belief? Please tick one box		
C	Christian	

B	Buddhist	
H	Hindu	
J	Jewish	
M	Muslim	

S	Sikh	
O	Other	
N	None	
U	Do not know/not sure	
R	Would rather not state	

The collection of equalities information conforms with employment provisions in the Sex Discrimination Act (1975), the Race Relations Act (1976) and the Disability Discrimination Act (1995).

**WOODSTOCK THERAPEUTIC
COMMUNITY**



Sexual orientation		
How would you describe your sexual orientation? Please tick one box		
H	Heterosexual	
G	Gay/lesbian	
B	Bisexual	
U	Do not know/not sure	
R	Would rather not state	

REQUIRED DOCUMENTATION WITH REFERRAL:

- **Up to date risk assessment**
- **Latest CPA report**
- **Latest Care Act Assessment**

DAYS REQUESTED: (PLEASE TICK)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

**FOR ANY FURTHER INFORMATION PLEASE CONTACT
WOODSTOCK HOUSE:
19-20 WOODSTOCK ROAD
SALISBURY
WILTSHIRE
SP1 3TJ**

T:01722 417171

E: woodstockhouse ltd@btconnect.com

Team: Vicky Walker (Manager/Director)

Laura Dennett (Manager/Director)

Billie Walker (Deputy Manager)

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