



REFERRAL FORM

Individual's information

Name:

DOB:

Gender:

Address:

Post code:

Email:

Home no:

Mobile no:

Preferred method of contact:

Education/employment details:

Diagnosis/disability:

Allergies /
medical information:

Current benefit status:

Armed Forces connection - please tick any that apply:

Currently serving

Veteran

Family of serving or ex- serving member

Transport - please tick this box if you would need assistance with getting to
and from The Cart Shed

Emergency contact details:
(name, relationship, contact
phone number)



Medical Practitioner's
contact details: (GP name (if
known), surgery name, address,
phone number)

Next of kin and other agencies involved (such as educational, medical or social services professionals – please provide contact names, numbers and email addresses where possible):

IT support - all of our courses require participants to complete paperwork for our funders. To reduce the amount of paperwork you would be asked to complete whilst in the woods you may be asked to fill this paperwork in digitally prior to the course starting.

Additionally, during lockdown our services moved online whilst we were unable to run our courses in our woodland. We have contingencies in place to facilitate this again in case we enter another lockdown and also plan to continue to offer courses and support remotely to participants who need to continue to "shield".

So that we can better understand your digital needs, please tick if you have any of the following:

- Access to the internet
- An email address that you are happy for paperwork to be sent to
- A computer / tablet / phone that you will be able to use to complete course paperwork if required

Reasons for referral/needs identified:

Relevant background information:

Risk assessment (please include historical and current risks in relation to self-neglect, self-harm, suicide, aggression, violence and substance misuse):

Where relevant and possible please attach copies of EHCPs, CPAs, Crisis Plans, Care Plans and any other assessments or reports. Please list copies of additional documentation being provided:

COVID-19: To ensure the safety of our staff, volunteers and participants, The Cart Shed has introduced measures in response to COVID-19 that all must adhere to. Our policies are amended as advice from the government is updated. If your answers to the below questions change prior to starting or during a course with The Cart Shed, we ask that you let us know as soon as possible.

Please tick if you identify as clinically extremely vulnerable (CEV)

Please tick if you received a letter from the government instructing you to shield

We require anyone who receives a positive test result to share this with The Cart Shed in line with the nationwide NHS Track and Trace procedure. If you are NOT prepared to share this tick here:

If you are making this referral on behalf of someone else, please ensure that they have given their consent for the referral to be made, for contact details of other agencies involved to be included and for copies of relevant assessments and reports to be attached.

Referrer's details (only relevant if you are making the referral on behalf of someone else)

Name:

Date:

Job title:

Contact no:

Organisation:

Email:

Address:

Data protection: The information that is shared with The Cart Shed during the referral process is requested in order to enable provision of appropriate occupational therapy assessment and intervention. It will not be utilised in any other form than for the purpose for which it is collected. If it should become beneficial or necessary to share information with other healthcare professionals, social or welfare organisations this will be done in compliance with the Information Commissioner's Office GDPR Regulations 2018. All information collected will be held securely.

If there is any part of this form that you need help completing please contact The Cart Shed at info@thecartshed.co.uk or 07522 872749