



## REFERRAL FORM – YOUNG CART SHED

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:	<input type="text"/>	Date:	<input type="text"/>
Job title:	<input type="text"/>	Contact no:	<input type="text"/>
Organisation:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		

### Individual's information

Name:	<input type="text"/>		
DOB:	<input type="text"/>	Gender:	<input type="text"/>
Address:	<input type="text"/>		
Post code:	<input type="text"/>	Email:	<input type="text"/>
Home no:	<input type="text"/>	Mobile no:	<input type="text"/>
Preferred method of contact:	<input type="text"/>		
Education/employment details:	<input type="text"/>		
Diagnosis/disability:	<input type="text"/>		
Allergies / medical information:	<input type="text"/>		
Current benefit status:	<input type="text"/>		

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

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

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

Medical Practitioner's  
contact details: (name of  
surgery, address, contact  
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):

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:

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 either  
Kate Lawes 07813 966769 / [katelawes@thecartshed.co.uk](mailto:katelawes@thecartshed.co.uk) or Carly Day 07827 700 015 / [carly@thecartshed.co.uk](mailto:carly@thecartshed.co.uk)