**Rebuild Referral Form**

## Details of referring agency and worker

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   | Referring Agency/Role: |  |
| Contact Phone Number: |  | Contact Email address: |  |
|  |

 **Please complete this referral with the individual you wish to refer, allowing them to be in control of the information they share and choose not to share.**

## Personal Details

|  |  |
| --- | --- |
| Name:  |  |
| Preferred Name:  |  |
| Contact Phone Number: |  |
| Contact Email address:  |  |
| Best way to contact? (phone/text/email/WhatsApp?) |   | Can we leave messages?  |  |
| Date of Birth/Age: |   | Nationality:  |  |
| Level of English: |  | Interpreter needed? | Yes/No |
| Immigration status: |  |
| Gender: |  Prefer not to say |
| Age of children (if any): |  |
| Any known safety concerns to staff lone working?  |  |
| NRM number, known: |  |

|  |
| --- |
| **Brief details of support needs:**  |

**Please attach current copy of Recovery Needs Assessment or supporting information/documentation, if applicable**

Signed by referrer ………………………………………………………………………..

Date …………………………………………………………………………..

**Consent to share information**

**Please ensure that the individual you are referring understands that you are referring them to Rebuild East Midlands. We cannot process the referral without this.**

* I authorise Rebuild East Midlands to hold on file details of my circumstances and other personal details, whether provided by myself or others, for the purposes of assisting with providing ongoing support  (For the purposes of the General Data Protection Regulations 2018, the data controller is Rebuild East Midlands.)
* I am happy for Rebuild East Midlands to keep written and electronic information securely about me and to keep in touch with me in accordance with their data privacy notice.
* I am happy for Rebuild East Midlands to contact other agencies, where it is necessary, for the purposes of my support.
* In accepting this support, I give my permission for the previous support organisation to share any relevant and necessary information with Rebuild Project.
* I agree that the information provided in this referral form is accurate.
* If you do not wish to give consent now or you wish to withdraw consent in the future, this will not affect your eligibility to receive support but may affect the level of support available.

**Signature of individual (or Referring Agency on behalf of individual):** ……………………………………………….

**Date:** ………………………………………………….

**If you would like to discuss support before making a referral please feel free to call one of the team on 01332 348632 (Mon - Fri, office hours)**

**After completing the referral please password protect (if you can).**

**Once received a member of the team will be in touch to explain next steps.**