BritishRedCross

BRC use only	BRM Case No	

Name of service: Jersey Connecting Communities

Service Referral Form (2 short)

1. REFERRER DETAILS

Staff member taking referral:		Date of referral: Time:	
Name of Referrer:		Position/Title:	
Referring organisation		Referrer contact number:	

2. CONSENT TO REFERRAL

Does the person agree to the referral to Jersey Connecting Communities		Yes	No
Date consent was obtained:			
How was consent obtained:	In person □ On the phone □ From the referrer □	Witten □ Verbal □ Implied Consent (give reason) □	

3. DETAILS OF PERSON BEING REFERRED

Title: Ms / Miss / Mrs / Mr / Dr		Gender:		Date of birth:	
Name:					
Preferred Name:		Mobile:			
Telephone:		Email:			
Preferred first language:					
Address: Postcode					
GP Surgery:		Address:			
Telephone no:		Postcode:			

BritishRedCross

BRC use only	BRM Case No:	

Name of emergency contact:		Relationship to service user:		
Telephone number:		Do we have consent to contact them?	Y	N

Living arrangement details (please tick):		Is the service user a carer?		Name and relationship to service user:
Living Alone Living with Spouse/Partner Living with Family/Friends Sheltered Accommodation Nursing/Care Home No fixed abode Other (specify)		Y	N	
		Is SU still able to support this person or is additional support required?		

4. SAFETY INFORMATION

Please provide any information as to risk to British Red Cross staff. This could include pets, threat of violence, potential issues with other people living in the house, the safety of the area etc

5. COVID 19 STATUS

Does the person currently meet the COVID 19 **self-isolation** criteria? ***OR*** Does the person currently meet the COVID 19 **social distance** criteria?	Y Y	N N

6. HEALTH & WELLBEING (ensure risk flagged on BRM)

Does the person have any condition staff need to be aware of?	**Details:**
Medical conditions	
Memory issues or a Dementia diagnosis	
Mental health concerns including anxiety or depression- past or present	
Safeguarding concerns	
Is the person able to make their own decisions or do they require support?	

BritishRedCross

BRC use only	BRM Case No:	

Behaviours that challenge	
Drug or alcohol dependency-past or present Other (please state)	

Any known risk factors? Include: > *Risk to self* > *Risk to staff* > *Risk of violence* > *Risk in the home* ***Record any of the following:*** > *Attempted suicide* > *Self-harm* > *Self-neglect* > *Verbal abuse* > *Violence to family/others/staff* > *Anti-social behaviour* > *Inappropriate sexual behaviour* > *Drug/alcohol dependency* > *Other (please specify)*	Yes	No	Details:
Lone working risk? (based on above factors and any other reasons including risks related to the presence of third parties) (Ensure risk is flagged on BRM)	Yes	No	Details:
Other agencies engaged? > Social Services > OT/District Nurse > CMHT > Community Police > Probation > Mental Health Team > Other (please give details) eg Housing/homeless org, Asylum/Refugee services, Drug and alcohol services, general hospital consultants/depts	Yes	No	Details:

BRC use only	BRM Case No:	

7. DIVERSITY INFORMATION

Please ask the person if they would agree to answering the following questions. We use this information to ensure that we provide inclusive services that meet the needs of the people we support. This section may be handed to the person to complete.

(The person has the right to decline any or ALL of the questions – in this case please mark as 'Prefer not to say'.)

Ethnicity:

- ☐ White: British
- ☐ White: English
- ☐ White: Jersey
- ☐ White: Scottish
- ☐ White: Welsh
- ☐ White: Northern Irish
- ☐ White: Irish
- ☐ White: Gypsy or Irish Traveller
- ☐ White: Other
- ☐ Black: Jersey
- ☐ Black: African
- ☐ Black: Caribbean
- ☐ Black: Other
- ☐ Arab
- ☐ Thai
- ☐ Asian: Bangladeshi
- ☐ Asian: Chinese
- ☐ Asian: Indian
- ☐ Asian: Pakistani
- ☐ Asian: Other
- ☐ Mixed: White & Asian
- ☐ Mixed: White & Black African
- ☐ Mixed: White & Black Caribbean
- ☐ Mixed: Other
- ☐ Ethnic Other (please specify):
- ☐ Polish
- ☐ Portuguese
- ☐ Prefer not to say

Disability/Health Issues:

- ☐ Hearing impairment
- ☐ Visual impairment
- ☐ Physical impairment
- ☐ Learning impairment
- ☐ Learning difficulty (e.g. dyslexia)
- ☐ Prefer not to say
- ☐ Memory impairment
- ☐ Speech impairment
- ☐ Long term mental ill health
- ☐ Long term medical condition
- ☐ Other (please specify)

BRC use only - Agreed action from the referral/next steps:		
Does this referral meet the acceptance criteria?	**Yes**	**No**
Has this referral been accepted?	**Yes**	**No**
	If No, Why?	