|  |  |
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| **Adult Placement Referral Form** | |
| **Part 1 - Placement Referral** | |
|  | |
| First Name |  |
| Last Name |  |
| Date of Birth |  |
| NHS No |  |
| Date of Referral |  |
| Status:  (MHA Section) |  |
| Referrer Organisation |  |
|  | |
| **Current Placement** | |
| (Name and type of placement) |  |
| Address: |  |
| Tel: |  |
| Identified contact person at current placement: |  |
| Next of Kin |  |
| Contact / Tel |  |
|  | |
| **Referrer Details** |  |
| First Name |  |
| Last Name |  |
| Role: |  |
| Organisation: |  |
| Tel: |  |
| Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Key professionals** | | | |
| **Role** | **Name & Organisation** | **Phone** | **Email** |
| Social worker |  |  |  |
| Care coordinator |  |  |  |
| Funding Authority (Health) |  |  |  |
| Funding Authority (Council) |  |  |  |

|  |  |
| --- | --- |
| **Part 2 - Request for Care Provider** | |
| Type of placement required |  |
| Any additional support requirements |  |
| What is the preferred area of placement? |  |
| Are there any geographical areas where a placement cannot be considered due to risk, court order or bail conditions etc? |  |
| Family Time arrangements |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 3 - Safety Plan** | | | |
| **Risk** | **Examples of what happened and when** | **Who is at risk** | **Strategies and support in place to reduce risk** |
|  |  |  |  |
| Social Worker's recommendation and analysis |  | | |