

**Residential & Edge of Care Service**

**Riverside Centre for Outdoor Learning**

**Referral Form**

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| **Name of referred person(s)** |  | |
| **LCS Number(s)** |  | |
| **Reason for Referral (please give as much detail as possible to make the case for the referral):** | | |
|  | | |
| **What are the top three outcomes for this work?** | 1.  2.  3. | |
| **Referred person(s) Strengths and Interests:** |  | |
| **Does the referred person(s) have a disability / health issue (this includes all relevant medications that the participants are currently taking)?** |  | |
| **Is there a self-medication risk assessment in place?** |  | |
| **Risk Factors**  **To Self; To others; From others**  **Additional Risks:** |  | |
| **Other Agencies / Services Involved? (please provide brief detail of specific role where services are involved e.g. CAMHS – mental health)** |  | |
| **When is the referred person(s) available to attend activities (after school, during the day, weekends only)?** |  | |
| **Is it likely that the referred person(s) will need additional support (due to age, immaturity, disability)? If so who will provide the support?** |  | |
| **What are there transport arrangements to get to a session?** |  | |
| **Referrer’s Name:** |  | |
| **Referrer’s contact details:** | Team:  Email:  Mobile: | |
| **Date of Referral:** |  | |
| **Has the referred person(s) been Informed?** | YES/ NO | |
| **The following section is for completion be Riverside staff only:**  *Please list what action has been taken and if the work met the outcomes above?* | | |
|  | | |
| **Date informed of decision:** | |  |
| **Now upload this form to the referred person’s file** | | |
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