



**Self Referral Form**

<b>First Name:</b>		<b>Home Address (or 'care of' address):</b>	
<b>Last Name:</b>			
<b>Date of Birth:</b>			
<b>Contact Number / s:</b>		<b>Postcode (if known):</b>	

<p><b>How did you hear about Rahab?</b></p> <p>Rahab Night Outreach Team: <input type="checkbox"/></p> <p>Another Agency: .....</p> <p>Other: .....</p> <p>.....</p> <p>.....</p>	<p><b>Are you accessing any other services?</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**SUPPORT**

**What kind of support are you looking for from Rahab? (please tick all that apply)**

Just someone to talk to	<input type="checkbox"/>	One-to-One regular support	<input type="checkbox"/>	Contraception	<input type="checkbox"/>
Help accessing services	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Other .....	<input type="checkbox"/>

**HEALTH**

<b>Do you have a GP?</b>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Used to <input type="checkbox"/>	<b>Next of kin</b> .....
<b>Do you use any of these services? (please tick all that apply)</b>				
Baker Street Clinic	<input type="checkbox"/>	Broad Street Mall Walk In NHS Centre	<input type="checkbox"/>	
The Florey Unit	<input type="checkbox"/>	Other .....	<input type="checkbox"/>	
<b>Do you have any long term medical condition / s? Please write them below:</b>				
.....				
.....				
.....				



**CLIENT CONSENT: Information Sharing & Advocating on Your Behalf**

In order for us to offer support to you, and to sometimes advocate on your behalf, it is necessary for us to contact other services and share basic information (when it's appropriate for us to do so). Here you are asked to consent to this. Most agencies involved in providing services are **required by law** to cooperate to **improve** the wellbeing of vulnerable adults, but they require your consent to do so.

The reason there is sharing of information is because it **enables** the **right services** to be provided for you, because there's a **better understanding of your strengths and needs**. It will also prevent you from having to repeat the same information to several services. **Any information supplied on this form is confidential**, but will be shared on a 'need to know' basis among agencies involved in offering support (i.e. housing, substance misuse support services, Alana House).

In some circumstances, information can be shared between agencies without consent, for example where information sharing may prevent a crime or safeguard the welfare of a vulnerable adult or young person. Even in these circumstances it is normal practice to obtain consent wherever possible.

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I give my consent for the information collected on this form, to be shared for the purpose of referrals with appropriate agencies. The intention of this information sharing is to help me access the right support for me.

I understand that by signing this form I will not affect my rights under data protection law or Human Rights law. I understand that at any time I can change or withdraw my consent by notifying my key worker.

**Client signature** ..... **Date** .....

**Print name** .....

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