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| **Croydon Personal Assistant Support Service Referral Form** |
| This form must be completed where a resident/representative;1. Is new to a Direct Payment and will be employing or engaging Personal Assistants
2. Has started their DP and wants to be referred to access on-going employment support whenever needed or PA training
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| **The customer experience for Croydon residents is quicker and more efficient if all information is provided in the referral form. Delays may be experienced if information is missing.** |
| **Customer Information** |
| Family name: |  | Forename(s): |  |
| Title: |  | Date of Birth: |  |
| Permanent address |  | LAS numberThis must be completed for all referrals. |  |
| Telephone: |  |
| Post code: |  | Email: |  |
| Customer Group: e.g. PSI/ABI (under 65), OP, LD, MH, Children/Young People/Transition/carer: |  |
| Ethnicity: White British/White Irish/Other White/White & Black Irish/Caribbean/African/Other Black/White & Black Caribbean/Chinese/Indian/Asian/White & Black African/Pakistani/Bangladeshi/Other Asian/Other/not stated/Other mixed |  |
| Is this for a DP or DPSP (Direct Payment to a Suitable Person)? |  |
| **If this is for a DPSP who is the appointed nominated person?** |
| Name: |  |
| Relationship to customer: |  |
| Address of contact |  |
| Postcode: |  | Telephone: |  |
| If this is for a DP is the customer to receive and manage the DP themselves? |  |
| Will the DP be managed with a Prepaid Card, Managed account or Virtual wallet |  |
| If the customer is to receive and manage the DP with assistance please indicate who is assisting the customer? |
| Name of person assisting: |  |
| Relationship to customer: |  |
| Does the resident already have a Direct Payment and need support to review employment practice and find a PA? |  |

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| **In all cases except enquires please provide details of agreed outcomes and the total budget so that we can support to develop Job descriptions and detailed budgets** |
| **Reason for referral (please tick boxes)** Enquiry - Requires general information only on employing and managing PAs Is new to a Direct Payment and will be employing or engaging Personal AssistantsHas started their DP and wants access to on-going advice and PA training whenever it is needed. |
| Mandatory - Agreed outcomes attached Without the outcomes we cannot support residents to create Job Descriptions/Adverts or manage expectations.  |  |
| Mandatory - Total budget attached or detailed to the right.The total budget is needed to support residents to work out employment costs and PA hours. |  Number of hours  | Customercontribution | TotalBudget |
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| Detail potential issues/risks for visiting workers:  |
| Social Care or Health Worker: |  | Date: |  |
| Office Address: |  | Email: |  |
| Locality: |  | Date: |  |
| **Now email completed referral to** **advice@independentlives.org**  |