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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 | | | | | | | | | |
| **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 number  This 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 Assistants  Has 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 | | Customer  contribution | | Total  Budget |
|  | |  | |  |
| 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**](mailto:advice@independentlives.org) | | | | | | |