**BEECHSIDE REFERRAL FORM**

This referral form is to be used for referrals to Beechside Short Breaks Service.

Please complete the following information as fully as possible.

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| **Child's details you are referring:**Surname: Forenames:DOB: Gender:NHS No:Address:Phone number: |
| **GP details:** Phone number: |
| **Referrer details:**Name:Address:Phone number:Email:Relationship to the person: |

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| **FAMILY OR MAIN CARER DETAILS:**Name of main carer/contact:Phone number: Relationship to the person: |

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| **WHAT ARE THE REQUESTS FOR OVERNIGHTS**Number of nights per year/midweek/weekends/ etc. **Any other children they may know already using the service?** |
| **REFERRAL TO BEECHSIDE AND REASON:**Please describe the current situation including any recent changes that have occurred in the child’s life leading to this referral, any concerns with family: (Please use a continuation sheet if required). Please state expected aims from this referral. |
| **LIST OF SUPPORTING DOCUMENTS:**Must include assessment, support plan and EHCP.  |

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| **DAY SERVICE/SCHOOL/COLLEGE** Days Attending/TransportSchool/ College details:School/ College transport arrangements: YES/NOOther professionals supporting: |

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| **RISKS/SUPPORT NEEDS:**Any risks known or reported when working with this person – this includes risk to the person themselves. Please give details under each heading. Communication issues: YES/NODetails:Family or friends: YES/NODetails:Challenging behaviour: YES/NOPhysical disability: YES/NOMoving and Handling: YES/NOPersonal Care: YES/NOCultural needs: YES/NOSwallowing needs: Other (please state): YES/NOPLEASE ENSURE BEFORE SHORT BREAKS TAKES PLACE, ALL RELAVANT ASSESSMENTS RELATING TO THE RISK SECTION ABOVE ARE ATTACHED/UPDATED ASSESSMENTS ARE SENT TO BEECHSIDE |

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| **DATE REFERRAL SENT:**  |

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| **Office use only**Date referral received:  |

If you have any questions about completing this form, please contact: Sam Stokes at the number below.

**Thank you for completing this form. This should now be returned to:**

**Sam Stokes**

**Registered Manager**

Beechside Short Break Service

235 Havant Road

Drayton

Portsmouth

PO6 1DA

Tel: 023 94 352 677

Or via email to both sam.stokes@portsmouthcc.gov.uk and beechside.beechside@portsmouthcc.gov.uk