**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/Transport  School/ College details:  School/ College transport arrangements: YES/NO  Other 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/NO  Details:  Family or friends: YES/NO  Details:  Challenging behaviour: YES/NO  Physical disability: YES/NO  Moving and Handling: YES/NO  Personal Care: YES/NO  Cultural needs: YES/NO  Swallowing needs:  Other (please state): YES/NO  PLEASE 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](mailto:sam.stokes@portsmouthcc.gov.uk) and [beechside.beechside@portsmouthcc.gov.uk](mailto:beechside.beechside@portsmouthcc.gov.uk)