

|  |
| --- |
| General Details |
| **First name:** | **Middle name(s):** |
| **Surname:**  | **Date of referral:** |
| **Date of birth:**  | **Ethnicity:**       |
| **Male / female / other:** | **Spoken language:**  |
| **Address:****Postcode:**  | **Telephone number:****Email:** |
| **I currently live:**[ ]  By myself[ ]  With my family[ ]  In a group home[ ]  With a partner or friend[ ]  Other | **I currently attend:**[ ]  School[ ]  College[ ]  Day centre[ ]  Activity or therapy group[ ]  Work[ ]  Other |
| **Do you have a diagnosis of a learning disability or Autism?**Yes [ ]  No [ ] **If ‘yes’, please tell us your diagnosis and support needs:** **If ‘no’, please tell us about your health and support needs:****What level of support do you need (if known)?** Low [ ]  Moderate [ ]  High [ ]   |
|  |

|  |
| --- |
| **My Health and Support Needs** |
| **Do you have epilepsy?** Yes [ ]  No [ ] **Do you have asthma?** Yes [ ]  No [ ] **Do you have diabetes?** Yes [ ]  No [ ] **Do you have a hearing impairment?** Yes [ ]  No [ ] **Do you have a visual impairment?** Yes [ ]  No [ ] **Do you need support with personal care**  Yes [ ]  No [ ] **Do you have any allergies?****Do you have any other medical conditions we should be aware of?** |
| **Emergency Contact Details** |
| **Primary contact’s name:****Relationship:****Telephone number:****Email:****Address:** | **Secondary contact’s name:****Relationship:****Telephone number:****Email:****Address:** |

|  |
| --- |
| **Who is making this referral?** |
| **How do you know the person you are referring?** |

|  |
| --- |
| **Please let us know your goals and aspirations and why you want to join the Livability programme.** To prepare to live independently [ ]  To prepare for future employment [ ]  To prepare for future volunteer role [ ]  Other (specify)[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**What are the key topics you would like to focus on:**Digital skills [ ]  Money Management [ ]  Cooking and Household tasks [ ]  Communication and Social skills [ ]  Community Garden (allotment) [ ]  Travelling by public transport [ ]  Other (please specify) [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Consent to sharing information** [ ]  I give permission for my details to be shared with the Livability Project Team so I can be considered for support.Signature of young person (or parent/carer if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |