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| 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 | |
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| **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:** |

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

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| **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)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |