

To request a long term or short break/respite service from Shared Lives South West you need to complete the relevant sections of this form and return it to **Referrals, Shared Lives South West, Suite 3, Zealley House, Greenhill Way, Kingsteignton, TQ12 3SB** or email it to **enquiries@sharedlivessw.org.uk**. Wherever possible, please attach a current care plan, needs assessment or risk assessment.
Please note, Shared Lives South West cannot be held responsible for the security of any data submitted.

WHAT SERVICE IS BEING REQUESTED? (please select)

- A short break service**
 A long term shared lives service

INFORMATION ABOUT THE PERSON WHO WANTS THE SERVICE

Last name		First name(s)		Title: Mr / Mrs / Miss / Ms / Other:	
Current address:			Telephone:	Likes to be known as:	
				Date of Birth:	
				Nat. Insurance No:	

Next of Kin/Carer

Care manager/social worker

Name		Name	
Relationship		Team	
Address		Address & telephone	
Telephone		Email	

Who is completing this form?

Who are you? (please select)

Name		<input type="checkbox"/> I am the service user	<input type="checkbox"/> Advocacy worker
Address		<input type="checkbox"/> Next of kin or family member	<input type="checkbox"/> Guardian/appointee
Telephone		<input type="checkbox"/> Appointed care worker	<input type="checkbox"/> Other (Give details)

Details of anyone appointed to manage the person's financial/personal affairs on their behalf:

Name		Email address	
Address & telephone		Relationship to service user	

Please describe the ethnic origin of the person requesting the service:

Asian or Asian British	Black or Black British	Mixed	White	Other ethnic group
<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> British	<input type="checkbox"/> Chinese
<input type="checkbox"/> Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Irish	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Black Background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Any other White Background	
<input type="checkbox"/> Any other Asian Background		<input type="checkbox"/> Any other mixed background		

Please give any details about any issues you have highlighted above that would be relevant to the provision of this service

Mental health

Is the service user currently assessed under a section of the Mental Health Act?

Yes No Don't know

If yes, please give details:

Are there any physical / sensory issues we need to be aware of?

Does the person requesting the service have any mobility issues? (including use of stairs, wheelchair use, mobility aids used and so on)

What support does the service user need with personal care? (please give details)

Are there any particular behavioural issues our carers would need to be aware of?

Are there any areas of risk that we should be aware of?

Any dietary requirements or preferences:

Other services

Does the service user attend any day services? Yes No Don't know

Please give details

Does the service user have any paid or voluntary employment? Yes No Don't know

Please give details

Tell us about the person wanting the service – what they would like as an outcome of being in a shared lives service, what are their hobbies and interests, what do they do during the day and at the weekends, any information about their family and other key people in their life and so on. The more you can tell us, the more it will help us to find a match within our service.

Signed.....

Name (block capitals) _____ **Date** _____

It is important that the service user being referred to Shared Lives South West understands that personal information will be shared with staff and some carers in order to find the best match possible. Please make sure that this has been discussed and understood by the service user and/or their representative where appropriate.

Service user signature (where appropriate).....

Attachments

Please tick any further information/documentation that is attached

- Current or very recent needs assessment
- Current or very recent care plan or person centred plan
- Current or very recent risk assessment
- Other additional information. Please specify _____

Please send by email to: enquiries@sharedlivesw.org.uk or by post to:
Referrals, Suite 3, Zealley House, Greenhill Way, Kingsteignton, Newton Abbot, TQ12 3SB