

**THE BUNGALOW PARTNERSHIP**

Rose Wood Academy, The Garth, Coulby Newham, Middlesbrough TS8 0UG

Telephone: 01642 595363

 Email: thebungalowpartnership@gmail.com

[www.thebungalowpartnership.co.uk](http://www.thebungalowpartnership.co.uk)

Registered Charity No. 1160501

 **CARE TO SHARE REFERRAL FORM**

**PLEASE RETURN THIS FORM VIA POST TO THE ADDRESS ABOVE OR PASSWORD PROTECTED VIA EMAIL**

**Please fill out each part of the form clearly, forms missing vital information may be returned before the allocation process.**

**Please ensure that, as the referring agency, you have a lawful basis for sharing information if appropriate, including any sensitive personal data, with us.**

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| **CLIENT INFORMATION** |
| Name: Gender:Address: | Contact Details:Home Tel:Mobile:Email: |
| **Support Required: (please tick)**Care to Share Support 🞏Care to Share Supervision 🞏  | **Where would you like this to take place? please tick**At work 🞏At home 🞏At The Bungalow Partnership 🞏Other (please specify 🞏 |
| **Reason for support/supervision:** |
| Significant relevant information: |
| **Support /supervision requirements:**  |
| **Desired outcomes (please state)-** |
| **Your personal information** We collect and use information about you to enable us to carry out specific functions for which we are responsible and to provide a service that will be benefit you. This information is kept and used in line with the General Data Protection Regulation (GDPR). There is more about this in our Privacy Notice. |
| **Client consent** If you consent to this referral/supervision, you will be contacted by a member of The Bungalow Partnership who will visit you and:* Provide you with a Privacy Notice and an Acknowledgement & Consent form to read and sign
* Conduct an Assessment of your needs and arrange for support to begin

**Client Name (Please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **I give my consent YES / NO Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****IF BEING REFERRED BY AN EMPLOYER** **Employer/organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |