

**THE BUNGALOW PARTNERSHIP**

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