**Referral / Initial Contact Form**

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| **Date of referral:** | **Referral taken by:** | | |
| **Referrer name:**  **Referrer telephone #:** | **Referrer organisation & address:**  **Postcode:** | | |
| **Client forename:** | **Client family name:** | **Title:** | **M/F/ prefer not say:** |
| **Client address:** | | | |
| **Postcode:** | **Email address:** | | |
| **Telephone #:** | **Mobile #:** | | |
| **Date of Birth:** | **N.I. number:** | | |
| **What Goals does the client have in relation to finding Paid / Voluntary work or learning?** | | | |
| **Nature of Mental Health, Physical Disability / Other barriers to getting Work.**  Brief Details… | | | |
| **Are there any reasonable adjustments that the ESS needs to make?** (e.g. relating to disability or language) **Yes/No** | | | |
| **Are there any known risk issues relating to the person or to others?** (e.g. self-harm, suicidal, violence) **Yes/No**  Brief Details…. | | | |
| **Are there any other agencies involved with the client (please give contact details)?** | | | |
| **Additional Information** | | | |
| **Client/ Patient Consent (not essential if you are not with the client)**    I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ referring me to the Employment Support Service for work related support  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name & signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) | | | |

**Please return the completed form to: [employment.support@leicspart.nhs.uk](mailto:employment.support@leicspart.nhs.uk)**

**Or post to: Employment Support Service (LPT), The Cedars Centre, Cedar Avenue, Wigston, Leicester LE18 2LA**