

**Bright Opportunities Referral Form**

Thank you for your interest in referring someone to **Bright Opportunities**. Please complete this form to help us understand the individual’s needs and preferences. If you have any questions, please contact us:

* **Phone**: 01298 26429 / 0747262161
* **Email**: admin@brightopportunities.org.uk

**1. Personal Details of the Individual Being Referred**

Please provide details about the individual who will be accessing our services.

| **Field** | **Details** |
| --- | --- |
| **Full Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of Birth** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Gender** | □ Male □ Female □ Other □ Prefer not to say |
| **Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Postcode** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Phone Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency Contact Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency Contact Phone Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Referrer’s Information**

Please fill this section if you are referring someone else (family, social worker, etc.).

|  | **Details** |
| --- | --- |
| **Your Full Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Your Relationship to Individual** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Organization** (if applicable) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Your Phone Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Your Email Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. Support and Care Needs**

Please provide details about the individual’s needs so we can best support them.

|  | **Details** |
| --- | --- |
| **Medical or Health Information** (e.g., conditions, medications, allergies) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mobility Information** (e.g., walking aids, wheelchair use, or mobility restrictions) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Communication Support Needs** (e.g., use of communication aids, language preferences) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Personal Care Needs** | □ Yes □ No If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Relevant Information** (e.g., behavioural, psychological, sensory needs) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4. Level of Support Required**

Please indicate the level of support the individual requires. Choose the option that best describes their needs:

| **Level of Support** | **Description** | **Tick Box** |
| --- | --- | --- |
| **Level 1: Minimal Support** | The individual is mostly independent but may require occasional assistance with activities. | □ |
| **Level 2: Moderate Support** | The individual requires regular support for most activities but can manage some independently. | □ |
| **Level 3: High Support** | The individual requires continuous or near-constant support for all activities and care needs. | □ |

**5. Preferred Start Date and how any days?**

|  | **Details** |
| --- | --- |
| **When would you like the individual to start services?** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**6. Transition Needed?**

|  | **Details** |
| --- | --- |
| **Does the individual require support during a transition to our services?** | □ Yes □ No If yes, please describe the support needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**7. Additional Information**

Please share any other information that will help us provide the best possible support:

Transport needed? PEG FED?

|  | **Details** |
| --- | --- |
| **Other Information** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**8. Consent and Agreement**

Please read and confirm the following:

|  | **Tick** |
| --- | --- |
| **Do you give consent for Bright Opportunities to process this referral and contact the individual or their family members if required?** | □ Yes □ No |
| **Do you agree that Bright Opportunities can contact relevant health or social care professionals to gather additional information if needed?** | □ Yes □ No |

**9. Signature**

Please sign below to confirm the information provided is accurate:

|  | **Details** |
| --- | --- |
| **Signature of Referrer** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Submission Instructions:**

* **Online**: Submit this form through our website www.brightopportunities.org.uk
* **In-person**: Drop off the completed form at our office 11a market street Buxton SK176LE
* **By Post**: Mail the completed form to AS ABOVE.
* **By Email**: Scan and send the completed form to **admin@brightopportunities.org.uk**.

**Thank you for completing this form! 😊**

**What happens next?**
We will review this referral at our monthly meeting, and then we’ll get in touch with you. Please be patient, as this process may take up to six weeks.

We’ll contact you as soon as possible to discuss the next steps.