

<b>ECI Office Use Only</b>	
Participant Code:	Added to MT:
Date received:	

PROGRAMMES INTERESTED IN:
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## Referral Form



### Section 1 - THE APPLICANT

Name:	Date of birth:	Age:
Address:	Gender:	
Phone:	Email:	

**How would you prefer to be contacted? (Tick all that apply)**

Email  Telephone  Text  Letter

**Which ECI project are you interested in? (Tick all that apply)**

(please visit our websites below)

- Bike Bank  [www.bikebank.eci.org.uk](http://www.bikebank.eci.org.uk)
- Ripple Effect  [www.rippleeffect.eci.org.uk](http://www.rippleeffect.eci.org.uk)
- Transitions  [www.transitions.eci.org.uk](http://www.transitions.eci.org.uk)
- Unsure

<p>Would you like to be notified by text message of any new activities and groups that are starting?</p> <p style="text-align: center;">Yes / No</p>
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**What are you hoping to get out of being involved with this project?**

Gain new skills and knowledge	
Reduce isolation	
Improve confidence/self esteem	
Maintain or support recovery	
Increase overall wellbeing	
Move home or improve my home environment	
Be better able to manage independently	
Other (please explain)	

**What are your goals for the next 3-6 months?** (this helps us tailor our support to your needs)

**What are your interests or hobbies?** (this helps us to identify activities of interest to you)

**What do you think you are good at?** (we want to know what your strengths are and what you have to offer others)

**Do any of the following apply to you? (Tick all that are appropriate)**

Physical disability or long term physical health condition	
Learning disability or neurological condition	
Mental health issues	
Drug/alcohol issues	
Offending or Antisocial Behaviour	
Care leaver	
Experienced domestic abuse	
Other disadvantage (please explain)	

**Which service referred you to ECI?.....**  
**(Please ensure your Referrer completes Section 2)**

**DATA CONSENT**

I, (insert applicant name).....

consent to (insert referrers name).....completing this application for inclusion in an ECI project (Bike Bank, Ripple Effect, Transitions). I understand that an assessment of risks and my needs will be part of this application and I give consent for copies of any risk/support plans to be shared with ECI in relation to this (if applicable).

I agree to Exeter Community Initiatives (ECI) recording, storing and processing information about me that is necessary for me to participate in ECI projects. I understand that this information will be kept only for as long as necessary and that consent can be withdrawn at any time by writing to the Chief Executive at the postal or email addresses below.

Signed (Applicant)..... Date .....

**MEDIA CONSENT**

ECI (Ripple Effect/Transitions/Bike Bank) likes to publicise its work through photographs, video recordings, voice recordings and use of details of people's personal stories & how they may have benefited from the work of ECI's project/s that could be used in leaflets, displays, social media, newsletters or on the websites. We want to make sure that people are comfortable with this, so please can you tick the appropriate box below.

I understand that NO PERSONAL INFORMATION such as names or addresses will be used in any publication unless express permission is given.

I acknowledge that ECI will check with each participant before using their image/voice/story in any publication

I understand that my consent can be withdrawn at any time by writing to the Chief Executive of ECI at the postal or email address below.

I understand that this consent is only valid for 2 years from the date of my signature.

- I am happy with having my photograph/video/voice/story taken and used to promote ECI and its projects.
- I do not want to have my photograph/video/voice/story taken

Signed ..... Date .....

## Section 2 – To be completed by the applicant's referrer

### RISK/NEEDS ASSESSMENT

**Applicant name**.....**DOB**.....

In order to assess which ECI project is suitable for the applicant, and to safeguard both them and others, we need to assess the risks involved and the needs they are likely to have. Please fill out this form to the best of your knowledge. Thank you.

Please assess the following risks:				
Risk	Yes	No	Don't Know	<u>If Yes, further info</u>
<b>Risk to self</b>				
Suicidal thoughts or suicide attempts (in the last 12 months)				
Self harm in the last 12 months				
Self-neglect				
<b>Risk to others</b>				
Threatening or abusive behaviour				
Anti-social behaviour				
Previous history of abusing others				
Associates or pets known to be aggressive				
Known to carry weapons				
Should not be left with a lone worker				
<b>Offending history</b>				
Violent offending history				
Sexual offending history				
Arson convictions				
Other relevant convictions or cases pending				
<b>Risk from others</b>				
Risk from family members				
Financial risk				
Risk from friends/associates				
Poor awareness of personal safety				
<b>Any other relevant information?</b>				

## NEEDS

We need to know about the applicant's support needs, how best to support them, and what support is already in place. Please comment in relation to the following areas:

	<b>What are their support needs in this area?</b>	<b>What agencies are currently/recently involved? What is going well for them?</b>	<b>Any other information</b>
<b>Managing their tenancy and the home environment</b>			
<b>Managing money, 'official' business (including benefits), paperwork etc</b>			
<b>Health and wellbeing</b> (incl. physical & mental health, and any addiction issues)			
<b>Learning, volunteering and/or employment</b>			
<b>Social networks, relationships &amp; community involvement</b> (including communication and social skills)			

Declaration: I can confirm that the information I have given in this form is true, to the best of my knowledge. I understand that any false or misleading statement may mean that ECI is unable to help the applicant or to accept references from me in the future. I understand that the applicant is entitled to view any information held about him/her, and that this reference will be openly discussed with him/her at an initial assessment meeting.

**Signed (referrer):**.....**Date:**.....

Name:	Organisation:	
Your role/capacity in which you know the applicant:	Length of time you have known the applicant?	
Tel:	Email:	

**Email completed application & risk assessment to: [people@eci.org.uk](mailto:people@eci.org.uk)  
or send to: Exeter Community Initiatives, Colab, 3 King William St, Exeter EX4 6PD  
Please mark "Confidential". Thank you for your help.**