

REFERRAL FORM

DATE:

COMPLETED BY:

Advocacy

Brokerage

PERSONAL DETAILS:

SURNAME:

FIRST NAME:

ADDRESS:

TEL.NO: MOB:

Email: -

D.O.B.: SEX:

IMPAIRMENT (DISABILITY):

ACCESS NEEDS:

(i.e. interpreter, home visit, etc)

REFERRED BY:

(i.e. professionals, self, carer, etc)

ADVOCACY NEEDS:

ETHNICITY:

LANGUAGE SPOKEN:

FAMILY:

FMP1 QYFN/INEMPI QYFN

EMPLOYED/UNEMPLOYED:

SERVICES FROM OTHER AGENCIES:

G.P. NAME:

ADDRESS:

DISTRICT NURSE:

SOCIAL WORKER:

HOME HELP/HOME CARE:

PERSONAL ASSISTANT:

PHYSIO/O.T:

OTHER:

DSS BENEFITS OFFICE:

NATIONAL INSURANCE NO:

BENEFIT IN RECEIPT OF:



SERVICE USER PARTNERSHIP AGREEMENT

I, have discussed the following:
(tick)

Working safely with CHOICE IN HACKNEY (CHOICE) staff

I will let CHOICE staff know about any changes in my life, circumstances or mental health that could affect my own safety or that of others so that we ensure and maintain a safe and collaborative working relationship.

How my information will be stored

I understand that the Data Protection Act will apply to information held about me. I understand that I can access my client file on request.

I understand that my information will be stored on a database that is managed by CHOICE, also in accordance with the Data Protection Act, and that a limited number of authorised staff from City and Hackney Mind / any relevant agencies [delete as appropriate] will be able to access this information for contract management purposes.

Confidentiality

I understand that the information I disclose will be treated confidentially within CHOICE and that information will be recorded on CHOICE’s secure database system.

Limits to Confidentiality

I understand that there are some times when CHOICE may need to pass on information about me to other parties, and why this might be necessary.

Respect

I understand that CHOICE staff will always treat me with respect. I agree to also treat others with respect and realise that I may not be able to access the service for a period of time if I behave in an offensive way.

Complaints

I understand how I can make a complaint about CHOICE’s services if I want to, and how my complaint will be dealt with.

I understand and agree to all the above points.

Signed (Service User):..... Date

Signed (CHOICE staff): Date



EQUAL OPPORTUNITIES, EQUALITY AND DIVERSITY

Equal Opportunities, Equality and Diversity statement:

CHOICE IN HACKNEY (CHOICE) is committed to achieving equal opportunities in employment and the service it provides. No user of CHOICE's services, employee, volunteer or job applicant should receive less favourable treatment because of: sex, colour, ethnic origin, age, race, disability, religion, sexual orientation, marital status, or any other criterion not relevant to the point at issue.

To inspect a full copy of CHOICE’s Equal Opportunities, Equality and Diversity Policy, please speak to your advocate or contact CHOICE directly.

Please tick below the description which most corresponds and what you feel to be your ethnic origin:

(tick)

CARIBBEAN	
AFRICAN	
BLACK UK	
WHITE UK	
GREEK/GREEK CYPRIOT	

<input type="checkbox"/>	TURKISH/TURKISH CYPRIOT	
	JEWISH	
	ASIAN	
	MIXED RACE	
<input type="checkbox"/>	EUROPEAN	
	IRISH	
	OTHER	



COMPLAINTS PROCEDURE

If you have a complaint about the service you have received from CHOICE IN HACKNEY you can:

1. Have an informal discussion with a member of the team in order to express your concern/complaint.
2. Complaints about CHOICE IN HACKNEY staff should be put to the CHOICE IN HACKNEY Director.
3. Complaints about the Director should be directed to the Chair of the CHOICE IN HACKNEY Board of Trustees at c/o CHOICE IN HACKNEY, Defoe Block, Ground Floor, 50 Hoxton Street, London N1 6LP, envelopes should be marked "Private and Confidential".
4. Service users may ask for a meeting with the Board of Trustees in order to put their case. Employees of CHOICE IN HACKNEY would not be present at this meeting.
5. Representatives from the Board of Trustees would act as arbiters in these proceedings and have access to all relevant information.
6. Representatives from the Board of Trustees will take up your complaint with the employee(s) of CHOICE IN HACKNEY and ensure the service user receives a satisfactory response.

In all the above situations, a complaint must be made **within 3 months** of the event and will be dealt **within 3 months** of the complaint being lodged.



YOUR RIGHTS AS A USER OF CHOICE IN HACKNEY

You have the right to:

- ✓ Confidentiality.
- ✓ One Advocate who will work in partnership with you.
- ✓ Be kept fully informed at all times.
- ✓ A complete look at all your needs (recognising the differing needs of your family, carers and friends).
- ✓ Full knowledge of how to get the services you need.
- ✓ Access to your file.
- ✓ Attend case conferences.
- ✓ Review the written plan of action at any time.
- ✓ Let planners know your views on all the services provided if you wish.
- ✓ Impartial representation.
- ✓ Make a complaint about the service provided by CHOICE IN HACKNEY.

Updated May 2013



CHOICE IN HACKNEY
Defoe Block, Ground Floor,
50 Hoxton Street,
London N1 6LP
Telephone: 020 7613 3206
Text phone: 020 7613 3208
Fax: 020 7739 8599
www.choiceinhackney.org

SERVICE USER CONSENT FORM

I authorise of
CHOICE IN HACKNEY (CHOICE) to carry out the following on my
behalf:

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Signed.....

Print Name.....

Today's Date.....