

REFERRAL FORM – Confidential



This form needs to be completed for clients you wish to refer for Independent Travel Training. The information provided is confidential and will be used to process the referral accurately and efficiently, for further information on how we use and store personal and sensitive information please refer to our website <https://www.pureinnovations.co.uk/about/pure-innovations-privacy-notice/>

All boxes and questions **MUST** be answered – state N/A rather than questions blank.

Client Name:	Marital Status:
Address:	Emergency contact:
Post Code	
Mobile No:	Telephone No:
Date of Birth:	Type of accommodation
National Insurance Number:	Gender:
Ethnic Origin:	
Religion/Culture:	
Primary Disability:	Secondary Disability (if applicable):
Reason for Referral:	
The best way to make contact with the Client?	

Does the person have any of the following documents?
Educational, Health and Care Plan Other Care / Support Plan Risk Profile/Assessment Epilepsy/Medical guidelines Behavioural Support Plan Please attach copies of any relevant documents

Please disclose any issues in relation to risk as this will form the basis of our risk assessment.

Pure conduct a home visit, are there any risks or other considerations we need to be aware of:

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Parent/Carer Contact Details Names:	
Current School:	
Independent Travel Training FROM:	TO:
Is this young person eligible for transport from the Local Authority?	
Is this young person currently accessing Local Authority Transport?	

What are the issues preventing this young person travelling independently?

	<i>Prompts:-</i> <i>Disability</i> <i>Communication</i> <i>Commitment</i> <i>Family, Health</i> <i>Medication</i>
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Has this person:

	YES	NO	UNKNOWN
Ever walked to a destination alone? i.e local shops/friends house			
Ever travelled independently via public transport?			

Does this person:

	YES	NO	UNKNOWN
Have any physical restrictions?			
Have any allergies or phobias?			
Have behaviour that challenges? (may include verbal/physical aggression towards self or others)			
Have any medical conditions?			
Have any criminal convictions/cautions?			
Have a bus pass?			

If you have answered 'yes' to any of the above, please use this space to elaborate;

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Please use this space to add any other information you feel would be useful;	
	<i>Prompts:- Best way to communicate Family support Housing situation Medication Client motivation</i>

Referral Agency
Name of Referrer and Job Title
Address
Contact Number
Email Address

Referrer's Signature

Date

Applicant's Signature

Date

Due to the nature of the Travel Training service, this referral form will be shared with the relevant Local Authority.

Please return the completed referral form by e-mail to the relevant team below using password protection:

Stockport	TraveltrainingreferralsStockport@pureinnovations.co.uk
Bury	TraveltrainingreferralsBury@pureinnovations.co.uk
Bolton	TraveltrainingreferralsBolton@pureinnovations.co.uk
Oldham	TraveltrainingreferralsOldham@pureinnovations.co.uk
Tameside	TraveltrainingreferralsTameside@pureinnovations.co.uk
Rochdale	TraveltrainingreferralsRochdale@pureinnovations.co.uk