



Arc Community Programme Referral Form

Which group would the referred person like to attend:

Oldham Stockport Tameside

Please select:

Virtual (Note: wifi and a tablet / computer would be required to access virtually)

Face to face

Section 1 - Referred Person's Details

Name: Phone No:

Address: Date of birth:

..... Age:

..... Email:

.....

Key Worker: G.P:

Psychiatrist: Consultant:

Care plan: **If Yes, please attach a copy of the Care Plan with this application**

Mental Health Symptoms / Diagnosis:

.....

How does the referred person manage their symptoms?

.....

Physical Health Diagnosis:

.....

Please list any prescribed medication:

.....

Section 2

What would the referred person like to get out of the programme?

.....

How do you see Arc assisting your referred person in addition to or beyond the programme?

.....

How does the referred person respond to a group scenario?

.....

.....

What other services / activities is the referred person regularly involved with?

.....

.....

How long have you worked with the referred person?

Self referral

.....

Please use this space for additional comments that would be of help

.....

Section 3 - Safety Profile

- Please carefully assess and answer the following questions about the referred person.
- When YES is answered please give details including dates.
- Please note: historical refers to over 6 months ago.

Have they expressed:

Intent to harm self? Yes No

Current

Historical:

Intent to commit suicide? Yes No
Current
Historical:

Intent to harm others? Yes No
Current
Historical:

Non-compliance of medication? Yes No
Current
Historical:

Use of recreational drugs? Yes No
Current
Historical:

Excessive use of alcohol? Yes No
Current
Historical:

Inappropriate Sexual Behaviour Yes No
Current
Historical:

All identified risks must be disclosed before any service is offered.

Section 4 - Referrer's Details

Your Name:

Professional role:

Email address:

Your Agency:

Address:

Contact number:

Where did you hear about us ?

Emergency Contact for the referred person

Name:

Number:

Date:

By signing this form you and the referred person consent to Arc holding the personal information detailed above. For more information, please refer to Arc's privacy notice on the website -www.arc-centre.org

Signed by Referrer:

Print Name:

Signed by Referred person:

Print Name:

Date:

Please complete all sections above and e-mail the referral form and related information to:

referrals@arc-centre.org

or post to:

Referrals
Arts for Recovery in the Community
Hat Works, Wellington Mill, Stockport SK3 0EU

All information on this form is strictly confidential