















# Referral Form

Information about the person being referred			
	Name		 Date of birth
	Address		 Postcode
	Phone Number		Mobile Phone
	Email Address		
	Do you consider yourself to have a learning disability?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>	

If you are filling the form out on behalf of someone else, can you please tell us your name and contact details

About the person making the referral	
	Your name
	Address
	Contact Phone Number
	Email Address

	<b>Your relationship to person being referred (Parent/Sibling/Social worker etc)</b>
	<b>Has the individual consented to this referral being made</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

**Who should be the main person we contact about this referral form?**








The person being referred

The person who is making the referral?



Someone else? (please put their details below)



Main Contact Person for this referral	
	<b>Their name</b>
	<b>Address</b>
	<b>Contact Phone Number</b>
	<b>Email Address</b>
	<b>Their relationship to person being referred</b>

# Your Support Network

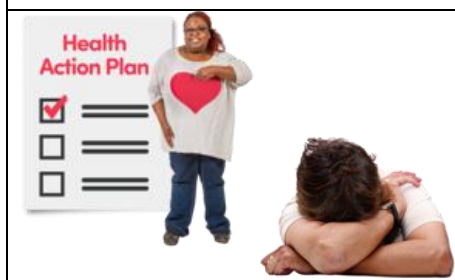
Do you get support from? Please tick

 	<p>Support from family or friends at least once a week</p> <input data-bbox="1173 369 1300 481" type="checkbox"/>
 	<p>Support from family or friends sometimes</p> <input data-bbox="1181 660 1308 772" type="checkbox"/>
 	<p>Paid Support</p> <input data-bbox="1189 963 1316 1075" type="checkbox"/>
 	<p>No Support</p> <input data-bbox="1189 1288 1316 1400" type="checkbox"/>

If you receive paid support, how much do you get?

	<p>Up to 4 hours</p> <input data-bbox="526 1724 654 1836" type="checkbox"/>		<p>More than 4 hours</p> <input data-bbox="1189 1747 1316 1859" type="checkbox"/>
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How can Mencap Liverpool help you? Tick as many boxes as you like



I have a problem with my physical health

I feel sad, lonely or worried



I want to make friends

I want to go out more and try new things



I want to volunteer



I am being bullied

Someone is treating me unfairly because I have a learning disability



I need help with my money

I want to get a job



I want to be more independent

I want to travel on my own



I want to feel better about myself

## How Mencap Liverpool use your information



We keep the information you give us in a safe place

We won't let anyone else have information you give us, unless you say it's okay (or the law says we have to)

We will use the information on this form to get in touch with you and the people you tell us about



We will only use the information on this form to help you with the things we've talked about on page 4

If you don't want us to keep your information any more, that's okay.



Please tell us if you want us to delete information that we hold about you

You can speak to Sarah Jones, if you want to know more about how we keep and use your information.

## What happens next?



We will ring you to arrange a time to visit you.



You don't have to pay to be a member of Mencap Liverpool, but please remember that we are a small charity. We need donations to keep our work going.

### **Please sign the form to show that**

1. The information you have written is correct
2. You have read and understood the notes on this page



Signed

Date