



## **Kushinga Project**

### **Agency Referral Form**

#### **Referral Guidelines**

##### **WHO CAN ACCESS THE SERVICE?**

The Kushinga project is available to African people in Birmingham who provide informal care services.

The service is open to:

- (i) Adults Carers of an adult or child(ren).
- (ii) People who have recourse to public funds.

##### **WHO CAN REFER?**

Clients can self-refer. It is preferable that a relevant health/social care professional completes this Referral form with the consent of the Client. All applications to this service will be treated in confidence.

##### **AFTER THE REFERRAL**

On receipt of this application, the Client will be contacted and a needs assessment will be completed.

Please complete and return application form. This application form will be treated in confidential and sensitive manner in accordance with ACCR's strict policies and procedures on confidentiality



## *Kushinga Project Referral*

### **1** *Details of person making the referral*

Title:        Mr    Mrs    Ms    Miss    Dr    Other: \_\_\_\_\_

First Name(s):

Surname:

Position:

Organisation:

Address:

Tel:

Fax:

Email:

Postcode:

What is your professional relationship with the client?

How long have you known the client?

### **2** *Details of client being referred*

Title:        Mr    Mrs    Ms    Miss    Dr    Other: \_\_\_\_\_

First Name(s):

Surname:

Address:

Date of Birth:

Age at time of referral:

Tel:

Postcode:

Email:

Country of Origin:

Right to remain in the UK:    Yes     No

Main Language:

English Speaking?    Yes     No

Has the client given their consent for this referral to be made and their details given?        Yes

(Please do not make a referral until the client has given their consent)

Does the client have recourse to public funds?    Yes     No

**3****Client issues and reasons for referral**

Please explain the reasons for your referral and provide any relevant supporting documentation:

Ill Health Welfare/Benefits Issues Isolation Financial Issues Housing Issues Immigration Informal Carer Other 


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If you require further space please attach an additional sheet

**Does the client provide informal care services? Yes  No**

(If yes please give details below)

**Who is care provided to:**

Spouse Child Parent Other family member Friend Neighbour Other 

(please specify) \_\_\_\_\_

**What types of care does the client provide:** (Select all that are appropriate)

Health-related care Transport Social networking Live-in Carer Financial support Other 

(please specify) \_\_\_\_\_

#### 4 Other services being accessed

Please tell us about any other services the client is currently accessing?

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If other professionals are involved, please provide their details (if relevant):

Title: Mr  Mrs  Ms  Miss  Dr  Other: \_\_\_\_\_

First Name(s):

Surname:

Position:

Organisation:

Address:

Tel:

Fax:

Email:

Postcode:

#### 5 Risk management

Are there any known risks regarding the person you are referring?

Yes  No

If yes, please give details

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#### Declaration

The information provided in this referral is true to the best of my knowledge and I have sought consent from the client to make it.

Signature of referrer: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form by post or by fax:

Post: ACCR, Prospect Hall, 12 College Walk, Selly Oak, Birmingham, B29 6LE

Fax: 0121 415 6699