SOUTH WARWICKSHIRE PLATO TRUST

Multi-Agency Referral for Accommodation

Please complete this form and send it to the Manager,

South Warwickshire Plato Trust, 172 Emscote Road, Warwick, CV34 5QN

Applicant's Details.			
Name in Full :			
Address :		Telephone(s) :	
		Mobile No.(s) :	
N.I. NO :		DATE OF BIRTH :	
Next of Kin. (or person to be contacted in case of emergency)			
Name in Full :			
Address :		Telephone(s) :	
		Mobile No.(s) :	
Referring Agent.			
Name in Full :			
Profession Designation :			
Address :		Telephone(s) :	
		Fax Number :	
		Mobile No.(s) :	
Email Address :			
Duration of involvement with client and in what capacity.			
Describe Involvement :			
When Last Seen :			

General Practitioner's Details :			
Doctor's Name :			
Surgery Address :		Telephone :	
		Fax No. :	
		Mobile No :	
Email Address :			

Does the client have mental heath problems? YES/NO
If so, is he/she currently receiving psychiatric Care? YES/NO

If yes, please give brief Details :

Diagnosis :

Psychiatric symptoms :

Behavioural problems :

Previous hospitalisation and MHA status upon admission :

Medication :

Past and current treatment, including client's history of adherence to treatment offered, (e.g. attendance at appointments), response to treatment, etc:

Consultant's Details :			
Consultant's Name :			
Address :		Telephone :	
		Fax No. :	
		Mobile No :	
Email Address :			

What other services in the client receiving? :
Does the client receive further care / support from other i.e. relatives?
Would the client accept accommodation with shared facilities?
Kitchen YES/NO **Bathroom** YES/NO
Plato Trust provides accommodation to enable residents to live independently as possible. Would the client be competent with any of the following?
Cooking YES/NO **Cleaning** YES/NO **Budgeting** YES/NO **Personal Hygiene** YES/NO
Has the client any disability? YES/NO
If yes, please give details:
Has the client any history of misuse of drugs or alcohol? YES/NO
If yes, please give details:

Have you applied to any other accommodation agency besides us. YES/NO					
If yes, please give details:					
Does he/she smoke? YES/NO					
Is the client in employment? YES/NO					
If yes, please give details:					
If not employed, which benefits does he/she receive?					
Does the client a hold tenancy elsewhere? YES/NO					
If yes, please give details:					
Address :		From :		To :	
Has he/she had a tenancy with South Warwickshire Group Homes or Plato Trust before? YES/NO					
If yes, please give details:					
Address :		From :		To :	
Reason for leaving :					
Has the client previously held a tenancy elsewhere? YES/NO					
If yes, please give details:					
Landlord's Address :					
	Telephone :		From :	To :	
Reason for leaving :					

Please give reason for requesting Group Homes :

What hobbies or interests does the client have?
How does he/she spend their time?
Social History. Please include family background and relationships, work history, present situation, difficulties and motivation.
Please tell us of any ongoing issues or problems which you feel should be part of any risk assessment.

Has a Risk Assessment been completed? YES/NO

Please indicate if the client has or has had any cautions, fines or convictions for any reason, give dates and the relevant information.

Are there any signs or symptoms, which would assist us in identifying a relapse of the client's condition?
Please indicate, with what action to be taken on the onset of these :

Area preferred :	**Leamington Spa.** **Warwick.** **Kenilworth.**
Is it required long-term?	Short-term?

Signature of client._____ Date:_____

PLEASE NOTE THAT WITH THIS REFERRAL WE REQUIRE:-

1. **All historical and current Risk Assessments.**
2. **A responsibility of tenancy form signed and dated.**
3. **All historical, current and future care plans of/for applicant detailing agency/agencies concerned and hours of contact per week provided/expected.**

ADDITIONAL INFORMATION

Please give details of any additional information that you feel may be useful to the Plato Trust Team, When considering this referral. Copies of relevant paperwork or reports may be appended if appropriate.

Following consideration of this referral the Trust Manager will contact you prior to making contact with the client

Date :-

SOUTH WARWICKSHIRE PLATO TRUST

To be signed and presented with this application form.

RESPONSIBLILITIES OF TENANCY

While it is hoped that your stay with South Warwickshire Plato Trust is an enjoyable and favourable one, we would ask you to note that any of the following instances of behaviour are unacceptable, could, in the event of damage to property or to contents, result in your being liable for the cost of repair or replacement and all cases put your place in jeopardy.

- **Failure to pay fees promptly and in full.**
- **Non observance of fire precautions.**
- **Unreasonable or**
  disruptive behaviour or
  violence towards other tenants,
  members of public or staff.
- **Acts of theft.**
- **Illegal drug taking or persistent alcohol abuse.**
- **Wilful damage to property or contents.**
- **Any disturbance to neighbours.**

These rules are to protect both yourself and residents and as such form part of the agreement between yourself and South Warwickshire Plato Trust.

Please read them carefully and only sign is you are willing to accept them.

I UNDERSTAND AND ACCEPT THE ABOVE.

Signed : _____ **Date :** _____