



Office Use Only	
PSOCC No.	
Received	
Acknowledged	
Assessed	
Peer Broker	
Closed	

Touchstone Kirklees Peer Led Brokerage Service Referral Form

Contact Details:

Name: _____ Phone: _____
 Address: _____ Mobile: _____
 Postcode: _____

Date of Birth: _____

Email: _____

Preferred contact method: Phone: Mobile: Email: Letter: Other:

Can we contact you in the future about Touchstone groups / events?

Yes No

Referrers Details:

Is this a self referral? Yes No

(If no) Referrers Name: _____ Organisation: _____

Tel No: _____ Email: _____

Current Care & Support:

Care Co-ordinator: Name: _____ Tel/Email: _____

Other: Name: _____ Tel/Email: _____

Other: Name: _____ Tel/Email: _____

Is there a current SDS support plan? Yes: No: **Please provide a copy with this referral**

Is the individual on section 117? Yes: No:

Personal Budget:

Please tick only one box below to indicate the type of budget currently awarded:

No Budget (self funding) Indicative Personal Budget? Actual Personal Budget?

Please provide details below of the budget awarded:

Support Plan:

Please indicate the key outcomes agreed in the Kirklees Council Support Plan:

Risk Assessment:

Please indicate any safety issues for lone workers:

Communication needs:

Does the individual have any communication needs? Yes No

Please Specify (e.g. British Sign Language, requires interpreter, etc):

Declaration:

I confirm that this information is correct and is given with the full knowledge and consent of the person being referred. By signing this document I am agreeing that Touchstone may securely hold this personal information on a computer and in a filing system. All personal data will be held in accordance with the Data Protection Act and other relevant legislation.

Signed:

Date:

Signed (referrer):

Date:

When complete please return by email:

peerbrokerage@touchstonesupport.org.uk

Or by post:

**Touchstone
Dewsbury Business Centre
13 Wellington Road East
Dewsbury
WF13 1HF**

We can be contacted by telephone on:

01924 460211

Touchstone Peer Brokerage Service Monitoring Form

We collect this information to ensure we are being fair, and effective at helping everyone. If you prefer not to answer some of these questions, that's ok. We keep this information CONFIDENTIAL.

Please fill out as much of this form as you can by ticking the boxes that apply to you.

Gender: Male Female Prefer not to say

Age: 18 - 24 25 - 34 35 - 44 45 - 54
 55 - 64 65 - 74 75 - 84 85+
 Prefer not to say

Ethnic Origin: **White:**
 White British White Irish White Other (specify)

Black:
 African Caribbean Black Other (specify)

Asian:
 Pakistani Bangladeshi Indian Kashmiri
 Asian Other (specify)

Mixed:
 White & Black African White & Black Caribbean White & Asian Mixed Other

Other:
 Chinese Gypsy / Traveller Other (specify)
 Prefer not to say

Religion: No Religion Buddhism Christianity Hinduism
 Islam Jehovah Witness Judaism Sikhism
 Prefer not to say

Sexual Orientation: Bisexual Gay / Lesbian Straight / Heterosexual
 Transgender Prefer not to say Other
 Prefer not to say

Disability: Learning Physical Mental Health Problem
 Sensory Dementia Hidden Disability, Autism, Aspergers
 Other (specify) Prefer not to say

Ex-Service Personnel: Yes Partner / Spouse Prefer not to say
 No