

# PCAS

## Shropshire Peer Counselling & Advocacy Service

PCAS, Suite 1, The Willow Tree, Willow Street, Oswestry. Shropshire. SY11 1AJ  
Tel: 01691 658008 email: simon@shropshirepcas.co.uk

Client No:

### CLIENT REFERRAL SHEET

Title	First Name	Surname	DOB	Age
Address		Postcode:		
Home Tel No:		Mobile No:	Date Referred:	
Clients Disability (tick all that apply)	Physical <input type="checkbox"/>	Sensory <input type="checkbox"/>	M/H <input type="checkbox"/>	L/D <input type="checkbox"/>
	Acq Brain Inj <input type="checkbox"/>	Over 65 <input type="checkbox"/>	M/S <input type="checkbox"/>	Other <input type="checkbox"/>
Ex Forces <input type="checkbox"/>				

#### ISSUES

Accessing Other Services	Adaptations	Care Issues
Checking Post	Child Protection	Complaints
Confidence Building	Consumer Goods/Services	Debt
Decision Making	Discrimination	Employment
Filing	Financial Help	Form Filling
Housing	Legal	Mental Health
Non Instructed Advocacy	Reading	Relationships & Family
Safeguarding	Social Care	Support in Meetings
Utilities		

How can we help?



Registered Charity Number 1187362



Lloyds TSB | Foundation for England and Wales



<b>When do you need this help? (are there any deadlines or important meeting dates?)</b>					
Details please:					
Name of Referrer		Work Telephone:		Mobile No:	
Your Job Title		Email:			
Organisation	Social Services Health	<input type="checkbox"/>	Medical Family	<input type="checkbox"/>	Carer Other
		<input type="checkbox"/>		<input type="checkbox"/>	Self <input type="checkbox"/>
Is there any known risk to any of our workers?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Details:					
Priority Need:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	(for office use only)

<b>CONSENT TO REFERRAL</b>	
<p><b>We need signatures to show that people understand and agree to this referral. Also that you agree to PCAS holding personal information about you.</b></p> <p><b>If the person being referred is not able to understand these things, the referrer must sign to say that they are providing this information in the person's best interests.</b></p>	
<p><b>Consent from the person being referred (leave blank if the person does not understand)</b></p> <p>You will be required to give consent about the information we hold about you on our first meeting with you via our consent form before we can act on this referral. Should you NOT give signed consent, we will be unable to work with you.</p>	
<b>Signed</b>	<b>Date</b>
<p><b>Consent from the referrer (leave blank if self referral)</b></p> <p>I would like PCAS to do this work. They can keep and put on file information about me. This information is to be kept confidential unless I agree for it to be shared.</p> <p>If the client has not signed above, I am providing this information in the person's best interests and agree that they are aware of this referral and have consented to information about them being stored by PCAS.</p>	
<b>Signed</b>	<b>Date</b>



Registered Charity Number 1187362

