

Referral form



Clinks Care Farm placements are suitable for people with a variety of needs and backgrounds such as mental health problems, learning difficulties, brain injuries, autistic spectrum disorders or dementia.

People can be referred to us if they are:

- 11 years or older
- Able to work alongside other people or work towards this
- Able to get around the farm safely without hurting themselves
- Able to access funding for a placement.
- Keen to work outdoors

A referral is not appropriate for those:

- People with severe mobility problems
- Not keen to work outdoors
- People that are not allowed to work alongside vulnerable people/young people because of past behaviour/offences committed.
- Who do not have access to funding.
- People whose challenging behaviour would pose a risk in a farm environment or to other people even with 1:1 support.

Referral Agents

Name:	
Relationship to client:	
Address:	
Organisation:	
Telephone number:	Mobile Number:
Email address:	

Client's details:

Name:	DoB:
Address:	
Telephone number:	Mobile Number:
Email address:	
Ethnicity Asian: <input type="checkbox"/> Asian-British: <input type="checkbox"/> Black-African: <input type="checkbox"/> Any other Black Background: <input type="checkbox"/> Black-British: <input type="checkbox"/>	
Black-Caribbean: <input type="checkbox"/> Chinese: <input type="checkbox"/> White: <input type="checkbox"/> Any Other White Background: <input type="checkbox"/> Any Other Ethnic Group: <input type="checkbox"/>	

Do not wish to answer:

Background Information

GP Name, address and telephone number:

What medication does the client take?

Will the client carry medication on him/her:

Carer's name

Carer's relationship to client

Carer's tel no

Carer's address:

Emergency contact details:

Client's Interests and Hobbies:

Does your client have (If yes, please specify)

A learning disability?

A mental health problem?

Another social or health problem?

What age group is your client? (please circle) 11-17 18-30 30-50 50-65 65+

Is the client accessing other health or social services? Please give details:

Why do you feel the client is suitable for Clinks Care Farm and what do you hope they will gain from their participation?

To your knowledge are there any particular barriers you feel the client may face in engaging with the Clinks Care Farm?

How long would you like the placement at Clinks Care Farm to last?

Please note we need a copy of your client's latest care plan and risk assessment.
Please tick to confirm documents enclosed:

Care plan

Risk assessment

Any other comments.

Signature of referrer:

Date:

Funding: Please confirm where the funding is coming from:

Norfolk or Suffolk – please delete as applicable

Organisation & name:

Address:

Postcode:

Telephone number:

Invoice details: Please confirm where invoices are to be sent to:

Name:

Address:

Postcode:

Telephone number:

To terminate a placement we require one months' notice in writing. If a farm helper misses a session Clinks Care Farm will charge for the day. If Clinks Care Farm cancels a session we do not charge.

For any further information or queries, please contact Iris or Helen on 01502 679134 or by e-mail: iris.vanzon@clinkscarefarm.org

Thank you for completing this form. Please return to:

Iris van Zon

Clinks Care Farm

Clinks farm

Church Road

Toft Monks

Beccles NR34 0ET

For office use only:

Rate charge agreed: £

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