



Platform 1 Referral Process

This process is designed to ensure that Platform 1 can provide a safe and healthy environment for all our service users. The completion of this process allows us to better cater to individual needs and enables to carefully consider what we do and how.

1. On arrival you will be provided with a tour of platform 1 and its facilities following which you will be asked to sign a document which outlines the ground rules while at Platform 1
2. Professional referrals – a professional must complete a Platform 1 referral form with or on behalf of their client and submit it with the consent of the client. The professional must complete all questions that they can to the best of their knowledge
3. Self-Referrals – men wishing to use Platform 1 must complete a platform 1 referral form, if support is required on the completion of the referral form, please contact with a member of Platform 1 team on 01484 421143
4. Assessment of the Applicant – the referral will be assessed by a member of the Platform 1 team. If going by the information you have provided; we feel we are able to meet the referrers needs, they may be invited in for a one to one meeting with one of our key workers. If we do not feel we are able to meet your needs from the information provided we may request further information detailed below.
5. One to One meeting – During the one to one meeting you will be asked further questions regarding medical issues and lifestyle choices, this will support the team and the key workers in ensuring we are able to facilitate the applicants needs and ensure the safety of all Platform 1 users.
6. Risk assessment – upon completion of the one to one meeting and using the information provided on your referral form a risk assessment may be carried out to ensure that the use of platform 1 can safely meet your needs; your membership can then be confirmed. If we feel that we are unable to support your needs, you will be informed either in person at this time or contacted later. They may also offer support and advice and potentially signpost you to other organisations that may be better suited to your needs
7. If membership is agreed – an official induction for the use of our facilities will be offered.



Agreement and standing ground Rules

The following is not intended to be restrictive, but to protect the safety and wellbeing of everybody on this site

- Members are expected to be respectful and non-judgemental to others on this site.
- Prejudice and intolerant behaviour will not be tolerated. Racism and other types of discrimination will result in the withdrawal of membership.
- Bullying or aggression towards others will result in instant exclusion from the site
- The site is a no smoking site. Smoking is not allowed on site or in the entrance area
- No alcohol or drugs are allowed on site
- Anyone under the influence of alcohol or drugs will be refused admittance
- Everyone must sign in and out of the site on every visit regardless of duration of that visit.
- Safeguarding of Vulnerable adults Policy is in place
- Members need to ensure the safety of their own belongings. Platform 1 does not accept liability for lost or damaged property. Items can be left in the office by arrangement
- Use of the woodshed or bike station must be agreed in advance
- Training for use of tools is available.

For reasons of safety and the wellbeing of members, volunteers and staff: The management reserve the right to withdraw membership without notice. Or decline membership if it is deemed that enough measures cannot be put in place to allow everyone to be safe and well, physically, mentally and emotionally.

Management reserve the right to close the site for operational reasons

Name please

print.....

I confirm that by signing I have read and understood the above that by doing so accept these conditions

(Assistance can be provided and the content of the above read out prior to signing)

Signature.....

Date.....



PLATFORM 1 REFERRAL FORM

1. Referrer (I.e. social worker, other professional, or agency)

Not applicable for those making a self-referral

Name	
Firm/Agency (if applicable)	
Address	
Telephone Number	
Email Address	

2. Personal Details

Name		
Preferred Name (what would you like us to call you?)		
Address		
Telephone Number		
Email Address		
Date of birth		
Ethnic Origin		
Emergency Contact Details (next of kin)	Name:	Name:
	Telephone:	Telephone:
	Relationship:	Relationship:

Any friends or family who we would contact on your behalf?

Names and contact details please

Name:

Tel:

3. Languages spoken

First language:

Other Languages Spoken:

4. Living arrangements

Do you live alone?

If no, please provide further information as to who you live with

5. Why do you wish to become a member of Platform 1

6. Do you have a medical condition or disability?

No

If Yes please provide details

7. Do you have a learning/behavioural Disorder

No

If Yes please provide details

8. Where did you hear about Platform 1

Connected Persons (please give names if you know them)

Doctor:

Key Worker:

Social worker:

Other Relevant Person:

9. Personal Background and Mental state

Tick any of the following which apply:

Depression		Anxiety		Dementia	
Personality disorder		OCD		PTSD	
BI-Polar		Schizophrenia		Psychosis	
Insomnia		Epilepsy		Low confidence	
Homeless, NFA/WFA/Roomless		Ex-offender		Currently on Licence or probation	
Alcohol issues		Drug Issues		Learning difficulties	
Low income		Housing issues		Social Difficulties	
Parent		Suicidal thoughts		Self Harm	

Any other issues you feel we should know about

10. Involvement of other agencies

Have the family or either of the parties been known to be involved with any of the following:

	Yes	No
Social Services		
Anger Management Programme (or similar)		
Support services for people affected by domestic abuse		
Support services for alcohol misuse		
Support services for substance misuse		
Support services for mental health		

11. Probation Service Declaration and information

Are you currently on Probation or License?

Are there any conditions for your release?

If so, who is your Probation Officer:

12. Have you had ANY criminal convictions, cautions or warnings?

FAILURE TO DISCLOSE ANY CONVICTIONS OR RELEVANT ALLEGATIONS WILL RESULT IN THE REFERRAL BEING AUTOMATICALLY REFUSED.

Please confirm if you have any Cautions, Allegations or Convictions related to the following:

Please tick if it applies.

Drugs/Alcohol/Substances

GBH or Violent Assaults

Sexual Offences

Harassment, Verbal Offences

Possession of weapons

Criminal damage/Arson

Theft or Burglary

Driving Offences

Please give details Below:

--

13. Agreement

Please read the following carefully.

- I confirm that the information contained within this form is to the best of my knowledge both accurate and true.
- I give my permission for a member of Platform 1 to contact any of the services noted in this referral form.
- I give Platform 1 permission to collect and store my data for the purpose of safeguarding, monitoring and the fulfilment of Platform 1 and its goals and monitoring the impact the service has had on everyone using Platform 1.
- I understand that the information obtained and recorded during your participation in Platform 1 will not be assessable and/or shared with others without your prior consent unless necessary.

PROFESSIONAL REFERRER/APPLICANT

Print Name:			
Signed:		Date:	

14. Scale of Perceived support for Pastoral (Registering)



In order for us to better support you and to measure your progress we would like you to answer the following questions

I have someone in my life that I can ask for help with anything from

 Yes

 No

I have someone in my life who gives me emotional support

 Yes

 No

Do you currently have an issue with any of the following

Issue	Yes?	know who to contact to help you with these issues?	Confident to sort it out yourself?	Want us to discuss this with you?
Debt				
Housing				
Addiction issues				
Mental health referral				
Employment				
Benefits				
Social isolation				
Relationships				
Physical health				
education				
Advocacy				
Emotional support				
friendships				
other				

15. How do you feel Platform 1 may be able to help you?

	Yes	No
Support you to communicate effectively		
Contact services on your behalf		

Help you understand what people are asking of you from services, companies or benefits		
Accompany you to appointments		
Help you fill out releant forms and applications (pip, esa, UC etc)		
Allow you the time to talk through something that is worrying you		
Suport you to engage with others at Platform 1		
Support you to look for job or training opportunities		
Other:		

Could you please estimate the:

Low High

1
 2
 3
 4
 5

your current level of Confidence

Ability to manage Mental wellbeing

Ability to manage Addictions

Feel in Control of you're your life -

Do you smoke? If so how many a day?

Do you currently attend voluntary or local groups at least once a month

Yes
 No

Do you have regular access to the internet

Yes
 No

Are you any of the following (more than one may apply)

In receipt of benefits
 Working
 Volunteering