



COGHLAN LODGES

REFERRAL APPLICATION FORM

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Coghlan Lodges holds all information you provide in accordance with Data Protection Act 1998 and Coghlan Lodges Data Protection Policy.

In order to further assess the needs of the applicant we must have reports outlining the referee's Social History, Psychiatric History and assessment of risk. If available or relevant, a Probation report, CT report and/or a community care assessment could be provided. **Please note, prior to the agreement of an assessment stay we will require to carry out a Coghlan Lodges Risk Assessment with the prospective resident.**

| | | | |
|------------------------|--|-----------------|--|
| Referee Full Name: | | | |
| Preferred Name: | | Sex: | |
| Date of Birth: | | Age: | |
| Current Address: | | Telephone No: | |
| G.P Details: | | | |
| Hospital: | | | |
| Ward: | | | |
| National Insurance No: | | Ethnic Origin: | |
| Religion: | | Marital Status: | |
| Reason for referral: | | | |

NEXT OF KIN / NEAREST RELATIVE

| | | | |
|----------------------|--|--------------------|--|
| Full Name: | | | |
| Relationship: | | | |
| Address: | | | |
| | | Postcode: | |
| Telephone No. (Day): | | Tel. No. (Evening) | |

REFERRER INFORMATION

| | | | |
|---|--|------------|-----------|
| Referrer Full Name: | | | |
| Position: | | | |
| Address : | | | Postcode: |
| | | | |
| Telephone No : | | Mobile No. | |
| Length of time known to Applicant: | | | |
| Will referring Social Worker maintain Care managing responsibility? | | | |

MENTAL HEALTH STATUS

| | | | |
|--|--|--------------------|--|
| Diagnosis: | | | |
| Mental Health Act Section: | | Date of Section: | |
| Date of last Mental Health Review Tribunal (MHRT): | | | |
| Date of Admission into hospital/rehab: | | Date of next MHRT: | |
| Any other Information / Risks: | | | |
| When is Discharge likely? | | | |

GENERAL HEALTH INFORMATION

| | | | |
|---|--|--|--|
| Is the referee in good physical health? | | | |
| Any recurrent or Chronic Illness? | | | |
| Details of any Physical Disability: | | | |
| Details of Mobility Problems: | | | |
| Details of any Allergies: | | | |

PRESCRIBED MEDICATION

| Medication | Dose | Time | Route | No. of Tablets |
|------------|------|------|-------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please Tick The Appropriate Answer.

MONITORING INFORMATION

| ETHNIC ORIGIN | Please Tick |
|------------------------|--------------------------|
| AFRICAN | <input type="checkbox"/> |
| CARIBBEAN | <input type="checkbox"/> |
| ASIAN | <input type="checkbox"/> |
| IRISH | <input type="checkbox"/> |
| SCOTTISH | <input type="checkbox"/> |
| ENGLISH | <input type="checkbox"/> |
| OTHER (PLEASE SPECIFY) | <input type="checkbox"/> |

| SEXUALITY | Please Tick |
|--------------|--------------------------|
| HETEROSEXUAL | <input type="checkbox"/> |
| LESBIAN | <input type="checkbox"/> |
| BI-SEXUAL | <input type="checkbox"/> |
| ASEXUAL | <input type="checkbox"/> |

| RELIGION | Please Tick |
|------------------------|--------------------------|
| CHURCH OF ENGLAND | <input type="checkbox"/> |
| ROMAN CATHOLIC | <input type="checkbox"/> |
| MUSLIM | <input type="checkbox"/> |
| JEWISH | <input type="checkbox"/> |
| OTHER (PLEASE SPECIFY) | <input type="checkbox"/> |
| NONE | <input type="checkbox"/> |

| AGE | Please Tick |
|-------------|--------------------------|
| 18-25 YEARS | <input type="checkbox"/> |
| 26-35 YEARS | <input type="checkbox"/> |
| 36-45 YEARS | <input type="checkbox"/> |
| 46-55 YEARS | <input type="checkbox"/> |
| 56-65 YEARS | <input type="checkbox"/> |

We undertake that the information provided on this form is accurate and current. We understand that failure to disclose any relevant information may result in the application being withdrawn or the subsequent termination of the placement.

Referrer Signature: **Date:**

Supervising Social Workers Signature: **Date:**

CONTINGENCY PLANS

Coghlan Lodges will endeavor to see that everything possible will be done to support clients with their identified issues, and to ensure that clients are able to fully utilise their placements. It must be recognised however that placements can be difficult and in some cases it may be necessary to end a placement at Coghlan Lodges.

Coghlan Lodges employs the use of a License agreement as a legally binding contract between us as Agents and the client. In certain circumstances it may be necessary for us to terminate the license agreement and end a licensee's residence. The usual period of notice given will be 28 days, however extensions can be negotiated. The circumstances under which notice will be given are likely to include;

- Persistent non compliance with house rules
- Client or their visitors causing persistent nuisance
- Causing serious damage to the accommodation
- Breaking the license agreement
- Conducting illegal activities on the project

In exceptional circumstances, i.e seriously disruptive or violent behavior we may be required to impose an emergency eviction.

OMISSION OF ANY VITAL INFORMATION WHICH MAY IMPEDE OR FALSIFY THE REFERRAL PROCESS MAY RESULT IN THIS APPLICATION NOT BEING SUCCESSFUL.

Coghlan Lodges expects that a contingency plan will be negotiated prior to the placement being taken up and reviewed on a regular basis throughout the placement.

Thank you for your application and taking the time to fill in this form.