

# Woodworks Project Referral Form

Page one to be completed with/by the client.



<b>Name:</b>	<b>Age:</b>	<b>Ethnicity:</b>	<b>Gender:</b>
<b>Address:</b>		<b>Emergency contact name:</b> <b>Number:</b> <b>Relationship to client:</b>	
<b>Tel Number:</b>		<b>Email:</b>	
<b>What encouraged you to apply to attend the Woodworks project?</b>			
<b>Tell us about any previous experience you have either with woodworking, upholstery, or sewing.</b>			
<b>What would you like to achieve whilst at the Woodworks project, or a longer-term goal?</b>			
<i>Whilst you are on your course, we will also support you to explore other things that may help improve your wellbeing, confidence &amp; skills, and potentially what you may like to do after you finish your course.</i>			
<b>Consent:</b>			
<b>By Signing this referral form you consent to;</b> your referrer sharing this information and confirm that it is correct. For this information to be held, securely, on the Woodworks database to enable us to start processing your referral, to help ensure we offer the right course for you. Once enrolled onto a course, for the relevant & appropriate information to be shared within the Woodworks project team, so we can offer support tailored to your needs during your time with us and to help keep everyone involved safe. We will explain what data we keep and how it is used at your induction.			
<input type="checkbox"/> <i>Please tick this box if you would like a copy of this referral form.</i>			
<b>Signature of client:</b>		<b>Date:</b>	

**What support does the client currently have?**

e.g. Support worker/ Care Coordinator / Social worker/Carer

**Referrer Name:****Referrer Contact number:****Email:**

**Please complete the brief risk assessment table below for client in relation to self/working with the Woodworks Project, INDICATING IF RISK IS CURRENT OR HISTORIC.**

	current	past	n/a
Any disability that may impact on standing/holding tools in the workshop			
Risk to others- impulsive behaviours, verbal or physical aggression			
Experiences psychosis- visual or auditory hallucinations, strong beliefs not shared by others			
Diagnosis of autism, and any specific impact within a workshop environment (sound/smell etc.)			
Is in recovery from or has support for substance and/or alcohol misuse			
Would require a women's only group or environment			
Vulnerability: potentially more vulnerable to exploitation or abuse by others			

**Authority;**

By signing and dating below, you are confirming that the information given on this referral is correct and that the client has consented for this information to be shared with & held, securely, on the Woodworks database to enable us to start processing their referral, to ensure we offer the right course for them. Once enrolled on a course, for relevant & appropriate information to be shared within the Woodworks project team, to enable us to offer the client the right support whilst they are with us and to help ensure the safety of everyone involved in the Woodworks project. A full explanation of what information we keep and why will be given to the client at their induction.

**Signature of referrer:****Date:**

Please return via email to the Wellbeing Officer, Claire Lawrence:  
Woodworks Project Bath, 25-28 Roseberry Road, Bath, BA2 3DX

**Email:** [referrals@thewoodworksproject.org](mailto:referrals@thewoodworksproject.org)  
**Telephone:** 07927 361953

**Wellbeing Officer use only****date referral received:****date acknowledged:**