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**REFERRAL FORM**

**Please use this form to request Brokerage Management Service.**

**Please complete ALL relevant sections. Incomplete forms cannot be accepted.**

**Email completed form to:** **brokerage@wearebeams.org.uk**

**Please note, all ‘type in’ fields will expand as you complete them.**

**DATE OF REFERRAL:**

**1. FUNDING FOR BROKERAGE MANAGEMENT.**

 **Who is providing the funding**

**2. PERSON MAKING REFERRAL**

**NAME OF PERSON MAKING REFERRAL:**

**SPECIFY RELATIONSHIP TO CLIENT/SELF:**

**DO YOU HAVE THE CLIENT’S PERMISSION TO MAKE THE REFERRAL? YES [ ]  NO [ ]**

**ORGANISATION NAME (If Relevant):**

**ADDRESS:**

**CONTACT TELEPHONE NUMBER (Including extension):**

**E-MAIL ADDRESS:**

**NAME OF DP SUPPORT TEAM (if applicable)**

**NAME OF DP SUPPORT WORKER (if applicable)**

**CONTACT DETAILS (if different from above)**

**3. DIRECT PAYMENT RECIPIENT INFORMATION**

**CLIENT’S NAME:**

**GENDER: M [ ]  F [ ]**

**DATE OF BIRTH:**

**ADDRESS:**

**PARENT/GUARDIAN/AUTHORISED PERSON NAME (where applicable) :**

**CONTACT TELEPHONE NUMBERS: Home:**

 **Mobile:**

 **Email:**

**4. RISK ASSESSMENT**

**ARE THERE ANY ISSUES WHICH BEAMS SHOULD BE AWARE OF THAT MAY AFFECT THE SAFETY OF THE BROKERAGE MANAGEMENT CASE WORKER YES [ ]  NO [ ]**

**If so, please specify:**

**5. BROKERAGE MANAGEMENT SUPPORT REQUIREMENT**

**PLEASE STATE:**

**SUPPORT TO BE SET UP [ ]**

**ONGOING SUPPORT TO MANAGE – SUPPORT ALREADY IN PLACE [ ]**

**PLEASE SPECIFY WHAT THE PLANNED PACKAGE IS, IF KNOWN**

**WILL PA’S BE EMPLOYED TO FULFIL THE SUPPORT? Yes [ ]  No [ ]**

**8. BILLING INFORMATION**

**NAME OF PERSON TO WHOM INVOICE SHOULD BE ADDRESSED:**

**ADDRESS INVOICE TO BE SENT TO: (this can be postal or email):**

**9. ANY OTHER INFORMATION**

**ANY COMMUNICATION/LANGUAGE DIFFICULTIES (please specify)** **[ ]**

**TRANSLATOR OR INTERPRETER REQUIRED? [ ]**

**DOES THE REFERRED PERSON HAVE ANY COMPLAINTS OUTSTANDING OR**

**SAFEGUARDING CONCERNS WITH OTHER SERVICES? YES [ ]  NO [ ]**

**If yes, please provide brief details**

**ANY ADDITIONAL INFORMATION**