

Sea Sanctuary Referral Form



Name:

Gender:

Male

Female

Date of Birth:

Age:

Address:

Telephone/Mobile:

Email Address:

Is this a self-referral?

Yes

No

If no please provide your name, organisation, contact address, telephone number:

Is the person aware of being referred?

Yes

No

Ethnic Group – Tick the most appropriate box to indicate your cultural background:

<u>White</u>					
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Cornish	<input type="checkbox"/>
Any other background	<input type="checkbox"/>				
<u>Asian or Asian British</u>					
White Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Any other background	<input type="checkbox"/>		
<u>Chinese</u>					
Chinese	<input type="checkbox"/>				
<u>Other ethnic group (please state):</u>					<input type="checkbox"/>

Please indicate which of the following options best describes your current status:

Employed full-time (30 hours a week or more per week)	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>
Self-employed full-time	<input type="checkbox"/>
Self-employed part-time	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Full-time home-maker or carer	<input type="checkbox"/>

Emergency Contact Name and Number:

GP name, contact number and address:

The more information we have, the more accurate our support will be. Please use the space below to include any diagnosis, symptoms and/or medication. Please be as detailed as possible.

How do you think Sea Sanctuary can help?

Who else is involved in the/your care (e.g. CPN, GP, Probation)?

Are there any specific requirements (e.g. dietary, mobility, disabilities)?

Sailing Experience: Yes No

Shoe Size (we provide sailing boots for time on-board): Size:

Any identified concerns (client):

How did you hear about Sea Sanctuary?

GP Recommendation	<input type="checkbox"/>
GP Surgery	<input type="checkbox"/>
From your CPN	<input type="checkbox"/>
From your Support Worker (please state the agency that supports you)	<input type="checkbox"/>
.....	
On the radio	<input type="checkbox"/>
On the internet	<input type="checkbox"/>
Other (please state where)	<input type="checkbox"/>
.....	

Please read and sign

Sea Sanctuary operates a strictly no smoking policy whilst on board the Yacht.

Please sign and date below to confirm that the content of this referral form is accurate and that you have understood the no smoking policy.

Print name.....Date.....

Signature.....

To be filled in by Sea Sanctuary

Referral received:	
Confirmation of receipt sent:	
Contact with client made:	
Date of assessment:	