Building Blocks Referral Form

Please Circle service referring to:

First Steps (Brief interventions) **SASS** (housing related support)

Welfare advice (free 1-1 advice on debts & other issues)

Directions (support with employment, education & training)

Senior Steps (for people over the age of 60 with mental health issues)

Name	
Address	
telephone number	
DOB	
Smoker	Yes ☐ No ☐
NI Number	
Referrer (name & name of Agency)	
Contact Number	
Date	

Ethnic Origin	**Please State from below (optional)**		
A White British	**E White / Black Caribbean**	**I Black Caribbean**	**M Bangladeshi**
B White European	**F White / Asian**	**J Other Black**	**N Other Asian**
C White Irish	**G Other Mixed**	**K Indian**	**O Chinese**
D White / Black African	**H Black African**	**L Pakistani**	**P Prefer not to say**
			Q Other

Why do you think this person would be suitable for one of our services….

Please continue on a separate piece of paper if you need more space…

Please complete the risk assessment overleaf **Is the Client aware of this Referral** **Yes** **No**

Please email to; referrals@buildingblocks.org.uk or fax to 01623 658128

Risk Assessment Date of Risk Assessment .....

When completing the risk assessment, please consider the triggers, frequency and severity of risk. We especially require information regarding any potential emotional, physical or financial exploitation directed towards or from the individual referred.

Risk of Harm to Others

How may this risk be managed?

Risk of Harm to Self

How may this risk be managed?

Risk of Harm from Others

How may this risk be managed?

Risk of Harm from Environment

How may this risk be managed?

Assessment Completed by

Client Agrees with Assessment Yes / No
If not, please state why