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Referral Form: Please complete in full

|  |  |
| --- | --- |
| Participant’s name: |  |
| Contact number(s) |  |
| Email address: |  |
| Participant’s DOB: |  |
| Home Address: |  |
| Will you be a resident in Offaly for the duration of the programme?  If no, please clarify. |  |

*The Social Inclusion and Community Activation Programme (SICAP) 2018-2022 is funded by the Irish Government through the Department of Rural and Community Development and co-funded by the European Social Fund under the Programme for Employability, Inclusion and Learning (PEIL) 2014-2020. The SICAP contract for Offaly is managed by the Offaly Local Community Development Committee, with Offaly Local Development Company as the Programme Implementer.*

|  |  |
| --- | --- |
| Emergency contact details/ Support person: |  |
| Name of GP: |  |
| GP Address: |  |
| Contact No: |  |
| Name of existing key worker/ other support services: |  |
| Landline no for this contact person: |  |
| Mobile No: |  |
| Reason for referral: |  |
| Identified Interagency needs and actions: |  |
| Allergies? i.e., environmental, food, medication etc.  If yes, provide a brief description and type of reaction(s) and treatment needed. |  |
| Have you any medical or mental health conditions that facilitators need to be aware of? Visual impairments, head injuries, diabetes, epilepsy, heart conditions, depression, anxiety etc.? |  |
| Have you ever participated on a treatment programme in the past (drugs, alcohol, mental health etc.)? |  |
| Are you supported by a probation officer?  Probation officers name and contact details (if relevant)  Is there anything we need to be aware of in terms of your participation (court dates etc.). |  |
|  |
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| Is the participant motivated to change? | Yes / No |
| Any other relevant Information: |  |

I, the referrer, have the consent of the person named above to make this referral

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | | |
| Print name: |  | | |
| Work Email: |  | Contact No: |  |
| Date: |  | | |

Please send the referral forms to: Aoife Kelly, MenPower, Offaly Local Development Company, Millennium House, Main Street, Tullamore, Co Offaly.

Email: akelly@offalyldc.ie Ph: 087-7385989

The Participant has the right, given by the Data Protection Act of 1988, 2003 and General Data Protection Regulations (GDPR), 2018, to a copy of their personal information at any time. The Participant can get this by contacting Offaly Local Development Company in writing. We are required to keep this information for 7 years.