

20/22 Crofton Road,  
Allenby Industrial Estate,  
Lincoln LN3 4NL

Telephone: Lincoln (01522) 513533  
Fax: Lincoln (01522) 540093  
www.pelicantrust.org

## PRIVATE AND CONFIDENTIAL

Particulars to be completed by referral source and client:

### PERSONAL DETAILS

FULL NAME:		DATE OF BIRTH:			M	F	
ADDRESS:		NATIONALITY:					
POSTCODE:		To help us monitor our equal opportunities policy, please say which group you belong to:					
		White	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
		Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	None of these	<input type="checkbox"/>
TELEPHONE NUMBER:		MARITAL STATUS:					
TYPE OF BENEFIT:		N.I. NUMBER:					
DISABLED OR LONG TERM HEALTH PROBLEMS					Y	N	
LENGTH OF TIME UNEMPLOYED							
Less than 6 months	6 to 11 months	12 to 23 months	24 to 35 months	Over 36 months			
HIGHEST LEVEL OF QUALIFICATION GAINED							
None	Below L1	L1 or equiv.	L2 or equiv.	L3 or equiv.	L4 or equiv.	L5 or equiv.	Not known

### NEXT OF KIN

NAME:		TELEPHONE NUMBER:	
ADDRESS:		RELATIONSHIP TO INDIVIDUAL:	
POSTCODE:		EMERGENCY NUMBER:	

## REFERRING AGENT

NAME:	TELEPHONE NUMBER:
ORGANISATION:	JOB TITLE/RELATIONSHIP TO INDIVIDUAL
ADDRESS:	
POSTCODE:	

## SUPPORT ARRANGEMENTS

Please give details of the following that apply to the individual

GP - NAME AND ADDRESS:	COMMUNITY SUPPORT WORKER:
TEL:	TEL:
SOCIAL WORKER - NAME AND ADDRESS:	CONSULTANT - NAME AND ADDRESS:
TEL:	TEL:

### DETAILS OF MEDICAL CONDITIONS/DIAGNOSIS/MEDICATION

CPA	Enhanced	Standard	Care Plan	Risk Assessment
NHS Number:				

**Please attach copy of CPA/Risk Assessment**

<b>Are there any matters relating to the physical and mental health of the client of which the Trust should be made aware, e.g. arson, self-harm, violent behaviour</b>

**WORK RELATED GOALS**

Please supply details of main objectives/purpose for referral


<b>Please state preferred work area(s) and days</b>

CLIENT SIGNATURE OF AGREEMENT  
 .....

REFERRING AGENT SIGNATURE OF AGREEMENT  
 .....

DATE:  
 .....

**Pelican Trust Limited is committed to the assessment and evaluation of every individual and therefore request an invitation to attend case conferences/reviews in order to give and receive appropriate information.**

**Please forward completed form to:  
 Helen Dawson, Development Manager, Pelican Trust Limited,  
 20-22 Crofton Road, Lincoln LN3 4NL. Tel: (01522) 513533 Fax: (01522) 540093  
 helen@pelicantrust.org**

Data Protection Act 1984 - Pelican trust Limited is likely to put this information onto a computer to assist with record keeping.