



**HWYNI Service
Brunelcare Head Office
Saffron Gardens
Prospect Place
Whitehall
Bristol
BS5 9FF**

Registered Charity No 201555
Company No 601847

Help When You Need It Service - REFERRAL FORM

The Help When You Need It Service is available to people who are 55+ and have support needs including Mental Health and substance misuse issues. The type of support will vary based on the assessed needs and outcomes for individuals.

If you require assistance of further information to be able to complete this form please contact Brunelcare Tel: 0117 4281274 or Email: hwynireferrals@brunelcare.org.uk

Once completed please send it to us at Brunelcare either via email, or through the post to the details at the top of this form.

Privacy notice

Brunelcare aims to go above and beyond its responsibilities under data protection legislation. The information you provide through this form will only be processed to fulfil our contractual obligations with you, to take steps towards entering into a contract, for legal obligations and in order to evaluate our services. Our data protection and privacy policy explains how we care for your personal data and your rights under data protection legislation. Please ask to be contacted by the Brunelcare Data Protection Officer if you have any questions or concerns about how we process your personal data.

Please can you complete the following information about yourself, so we can review your referral

Name:		Date:	
Address:			
Post Code		Date of Birth:	
Telephone / Mobile:		Email:	

Please continue overleaf

Why do you need this service? (reason for the referral)	
Any relevant Background history:	
Do you know any potential risk to visitors to your home?	
It would be helpful if you could be as specific as possible about the following	
How is your general health?	
Do you require any support to mobilise around your home and in the community?	
Do you require support to communicate?	
Are you currently receiving any other form of care and support?	
What kind of goals would you like to achieve? E.g. in building confidence to continue everyday tasks (Please remember that we are unable to assist with any personal care or actual handyman duties as part of this service)	

Thank you for completing this form.

If you are referring on behalf of someone else, please also complete the additional section on the following page.

Referred by:		Date	
Relationship with the person being referred			
Position:		Organisation	
Telephone/Mobile:		Email	
Please tick yes or no for the following			
			Yes
			No
Does the person named on the form know they are being referred?			
Do we have their permission to contact them directly?			
Do you wish to make an initial joint visit?			