



**REFERRAL TO
PENTREATH
LIMITED**

Please return to:-
**St Enoder Barns, Glebe
Farm, Summercourt,
Newquay TR8 5EE**
Tel: 01726 862727



PRIVATE AND CONFIDENTIAL



For Head Office Use Only	
	Approved Yes <input type="checkbox"/> No <input type="checkbox"/>
	Signature
	Date
	Project
	Admin: Date:.....

Pentreath is registered under the Data Protection Act

This information will be retained with Pentreath for auditing and funding purposes

Within four weeks of your referral being received by Pentreath Ltd you will be contacted by an Adviser. You will be advised on workplace opportunities, voluntary work, training, further education and recreational activities available to you. The advisor is also able to check the impact on any benefits you receive.

All pages to be completed by applicant and referrer where applicable – please complete any additional information on a separate sheet

FULL NAME: _____	DATE OF BIRTH: _____
SEX: _____ N.I. Number: _____	MARITAL STATUS: _____
ADDRESS: _____	
_____ POST CODE: _____	
TELEPHONE NO: Landline: _____	Mobile: _____

Next of Kin/Person available to contact in an emergency	
NAME: _____	TELEPHONE NO: _____

<u>Declaration</u>	
1) I declare that I have been unemployed since	or I am still employed <input type="checkbox"/> I have never worked <input type="checkbox"/>
2) I am willing to engage in - employment <input type="checkbox"/> , voluntary <input type="checkbox"/> , training <input type="checkbox"/> , education <input type="checkbox"/> , recreational activity <input type="checkbox"/>	
3) I am willing for this information to be shared with my key worker/or other person who can assist in my work and training.	
4) I confirm that the information detailed on this form is accurate and correct.	
Applicant signature:	Date:
Please note you must sign this form before we can process it.	

Referring Agent (ignore for self referral)	
NAME (in block capitals): _____	Signature: _____
Job title: CPN <input type="checkbox"/> , OT <input type="checkbox"/> , ASW <input type="checkbox"/> , GP <input type="checkbox"/> , Psychologist <input type="checkbox"/> , Other _____	
Organisation: CMHT <input type="checkbox"/> , EIT <input type="checkbox"/> , CDAT <input type="checkbox"/> , AO <input type="checkbox"/> , Forensic <input type="checkbox"/> , GP <input type="checkbox"/> , Counselling <input type="checkbox"/> , Other _____	
ADDRESS: _____	
_____	POST CODE: _____ TELEPHONE NO: _____

Please tick the option which indicates your cultural background										
Asian or Asian British		Black or Black British		Mixed		White		Other _____		<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	White+Caribbean	<input type="checkbox"/>	British	<input type="checkbox"/>	Not Known	<input type="checkbox"/>	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White+African	<input type="checkbox"/>	Gypsy	<input type="checkbox"/>			
Pakistani	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	White+Asian	<input type="checkbox"/>	Irish	<input type="checkbox"/>			
Chinese	<input type="checkbox"/>			Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>			
Other _____	<input type="checkbox"/>									

Please tick as many boxes as apply to you:			
Have a disability	<input type="checkbox"/>	Single parent/other care responsibilities	<input type="checkbox"/>
Literacy or numeracy problems	<input type="checkbox"/>	Live in a rural area	<input type="checkbox"/>
Drug or Alcohol problems	<input type="checkbox"/>	Homeless	<input type="checkbox"/>

Diagnosis – Details of medical/health issues you have:

Do you have a physical disability? If so what sort of support do you feel you need?

Leisure interests/hobbies:

What type of work do you enjoy?

What type of work do you not enjoy?

Do you have your own transport or is someone able to take you? Yes No

Do you claim any of these benefits?

Incapacity Benefit (ESA) Job Seekers Income Support Sick Pay Other (please specify): _____

Please explain why you would like to access Pentreath services:

Is there a particular project you wish to access?

Is there any other information you think we need to know? (If you have a risk assessment please send us a copy)

Do you have any unspent convictions? Yes / No

If your answer is 'yes', please enter the date and conviction below. This information will help us design our services to best suit your needs. It will be treated as confidential, and access to the information within Pentreath will be restricted.

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