



# Ignite Referral Form: CONFIDENTIAL



Referral for:  Ignite       Digital Life Skills       Skills for Supporting Others  
 Skills 4 Work       Workclub

## Client Details

Title:	First Name:	Surname:	DOB:	National Insurance Number:
Contact Address:				Emergency Contact:
Postcode:				Name:
				Number:
				Relationship:
Phone:	Email Address:		Ethnicity:	Male / Female

Are you a BCHA Resident or Tenant? Y / N

Where/How did you find out about us?

## Referral Service Details (If Applicable)

Referrer Name:	Referral Service Name & Address:
Phone:	Email address:

How long have you been providing this client with information, advice, guidance or support and in what capacity?

## Important Client Information

Do you consider yourself to have a disability or any other health issues Y / N

If YES, please give details:

Are there any issues around drugs/alcohol that you feel we may need to be aware of Y / N

If YES, please give details:

Are there any issues (licences, court orders etc.) that may restrict your engagement or concerns that the Ignite Team should be aware of? Please make reference to offending behaviour, if applicable

Please ensure this form is **fully completed and signed** as we may be unable to proceed without the information. Once received, we will contact you to arrange enrolment.

By signing this document, I agree with BCHA's Privacy Notice and give consent for BCHA to share any of the above information with third parties if a risk is disclosed.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**For Office Use Only:**

**Additional Notes**

**Risk Assessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_