

Dewis Choice, Aberystwyth University,

Adeilad Elystan Morgan / Elystan Morgan Building

Llanbadarn Campus

Aberystwyth University

Aberystwyth

SY23 3AS

**Date form completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client details:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender & preferred pronouns (she/her, he/him, they/them):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth:** \_\_\_\_\_\_\_\_\_\_\_ **Age:** \_

**Address with postcode:**

**Please also indicate if they are staying at temporary address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Safe method of contact (e.g. at/not at specific times/via a third party)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact number(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language(s) spoken (please state if interpreter needed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**…………………………………………………………………………………………………………………………………………..**

**Please provide the details of your organisation:**

**Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name, phone number & email address of the person making this referral:**

**Please indicate with an ‘X’ which form(s) of abuse the client is experiencing (please select all that apply):**

Psychological \_\_

Physical \_\_

Sexual \_\_

Economic/Financial \_\_

Emotional \_\_

As a result of neglect \_\_

Coercive or controlling behaviour \_\_

Has a DASH Risk checklist been carried out with the client? YES NO DON’T KNOW

If yes, please supply date and risk level at that point: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the client been referred to MARAC?** YES NO DON’T KNOW

**If yes, please state date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please state the relationship to the alleged harmer(s), i.e. family member, intimate partner or ex-partner, family of choice.**

**Please state name of alleged harmer(s) if known:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please outline brief details of the reason for the referral and issues currently facing the client.**

**Has the client consented to this referral?** YES NO

**Is the client aged 60 years or over?** YES NO DON’T KNOW
**Is the level of risk deemed to be standard to medium?** YES NO DON’T KNOW
**Is the client living in their own home / care home?** YES NO DON’T KNOW

***If you have answered ‘NO’ to any of the above questions the client is NOT eligible for the Choice Project. However, can you please submit the referral form to assist us in identifying gaps in provision.***

**Please state how the client has given consent to the referral**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Does the client have a disability?** YES NO DON’T KNOW

**Does the client need additional support with communication or accessibility?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the client have a diagnosis or dementia?** YES NO DON’T KNOW

**Has the client’s mental capacity been assessed?** YES NO DON’T KNOW

**If YES, who carried out the assessment and when:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the client been assessed as lacking capacity**

**In any areas of decision making?** YES NO FLUCTUATING

**Please note that the team can work with clients who are assessed with a lack, or fluctuating capacity, to make specific decisions.**

**Please use the box below to add any additional relevant information:**

Please email this form to:

David Cowsill, Choice support worker on: david.cowsill@choiceproject.cjsm.net

Mobile: 07971725191

**AND**

Elize Freeman, Choice Practitioner on: elize.freeman@choiceproject.cjsm.net

Mobile: 07989 150979

   