BENSHAM RESOURCE CENTRE

Day Service for People with Learning Disabilities and Autism

377 Bensham Lane, Thornton Heath, CR7 7ER – T: 0208 683 1721
Email: brc@benshamcentre.co.uk - Website: www.benshamcentre.co.uk

REFERRAL FORM

Please fill in this form and return to us together with your Support Plan	
Your Name: 	**Your preferred pronoun: He / She / They (Please circle)**
Your Address 	
Your phone Number 	
Person to contact in an Emergency 	

The information we need from you

My Date of Birth: …….

My Gender: …….

My Ethnicity: ……

My Religion: …….

My Nationality: ……

Preferred Spoken Language:
……
Previous or Current Placement: ……
……

Who are the main people who support you

Family/Friends:
……

Next of Kin: …….
……

Care Manager (Name & Phone Number):
……
……

GP (Name, Address & Telephone Number):

……
……

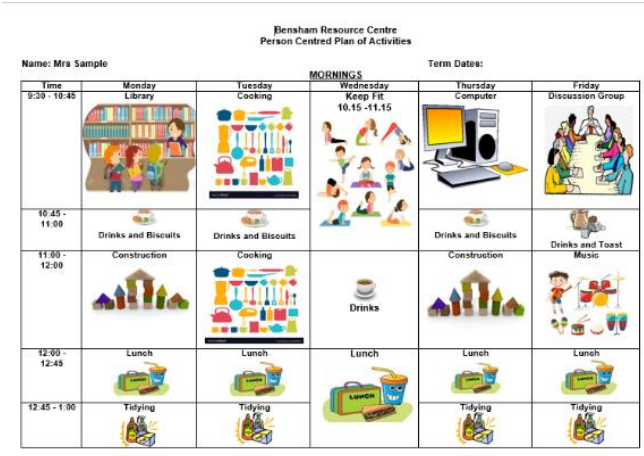
Before you begin attending BRC we will send you or ask you to complete:

A signed attendance agreement that agrees price and your chosen days for activities

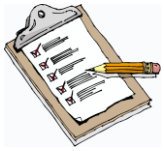
Who will be funding your attendance to the Centre:

Local Authority: ……
Name:
……
Telephone: ……
Email Address: ……
……

Activities Pictorial Timetable Example





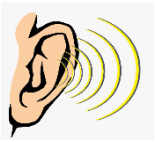


We will keep all your information secure and confidential and will only share with others as required in the process of delivering care and support to you.
Do we have your agreement?
Yes No

We will use your pictures for promotional materials, newsletters, website.
Do we have your agreement?
Yes No

What food/ drink do you like & dislike

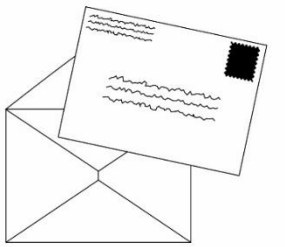
Likes	Dislikes
	

Please give us information on any difficulties you have/support needs, and advice on how we can support you with this difficulty	
Diagnosis 	**Have you had a diagnosis of:** **Please circle: Autism / Asperger's / ADHD, L/D, OCD** **Other: …….**
Problems Hearing/Seeing  	**Hearing:** **Seeing:**
Problems Speaking 	**Please circle:** **Verbal / Verbal Assisted by PECS / Makaton / Sign along / pointing, gestures and leading** **Other: …….** **Non-Verbal / Assisted by PECS and symbols / Makaton, Vocalisation (noises) / I-pad or other communication device** **Other: ……...**
Walking / Wheel chair user 	**Please describe any mobility support required:**
Visiting the Bathroom 	**Please circle: Level of support required** **Need support at all times / Require reminders / Independent** **Other: ……**
Eating and Drinking 	**Do you need support when eating or drinking?**
Epilepsy/ Medical conditions/Alergies  	

Mental Health difficulties 	
Displaying anxiety 	**Please circle:** **Self-harming behaviour / Absconding / Shouting and Swearing / Physical attack / Withdrawal / Depression** **Other: ……**
Levels of Independence	**Please circle:** **Needs support at all times / Needs support on public transport / Can travel independently** **Other: ……**
Your reaction to group settings 	**What is your reaction to group settings: Please circle:** **Once settled is at ease in most groups** **Once settled is at ease in small groups** **Finds group difficult** **Is very unhappy in a group setting** **Other: ……**
What are your hobbies and interests 	

What Activities would you like to participate in?
Please tick those you like

Arts & Crafts 	**Shopping Skills** 	**Keep Fit** 	**Computer** 	**Games** 
Cooking 	**Music Therapy** 	**Gardening** 	**Discussion Group** 	**Hair and Beauty** 
Pottery 	**Library** 	**Massage** 	**Numeracy and Literacy** 	**Music** 
Outings 	**Sensory** 	**Sports** 	**Light Lunch Preparation** 	**Your suggestion:**

You can contact us by	
 **Telephone:** **Number:** 020 8683 1721 / 0208 665 5258  **Email:** Darina Waldron – Deputy Manager brc@benshamcentre.co.uk **Website:** www.benshamcentre.co.uk	 **Post :** Bensham Resource Centre 377 - 379 Bensham Lane Thornton Heath CR7 7ER

Pease Sign the completed form	
Signature **If someone is signing on your behalf:** **Name/ Relationship:** **Signature**	Date: Date: