

Dacorum Mencap Service User Referral Form

This form is for an adult (18 years and over) with Learning Disabilities to apply to join the ROAR scheme. You may complete this form on your own or you may require your carer (parent, brother, sister, keyworker, social worker, etc) to complete it for you. Please complete as much of this form as possible and return it to Liz King, Development officer, Dacorum Mencap.

For anyone to be a service user with Dacorum Mencap, it is extremely important that we ask for personal information relating to the person applying to be a member of ROAR. This information is for health and safety whilst being a service user and for the health and safety of our existing members and volunteers. This information is completely confidential and is only for use by Dacorum Mencap. Any information that you give will be kept secure and is protected under the Data Protection Act 1998.

Please do not feel offended by any of the questions within this form. Dacorum Mencap service users have a variety of disabilities and needs and therefore this is a generic form and not directed specifically at any one person. Please complete fully all sections that apply to you.

If you are completing this form yourself please fill in your information below, If you are completing this form for someone else, please complete their information here and then your information at the end of the form.

Title: Mr Mrs Miss Ms

Name:

Address:

Postcode:

Home telephone number:

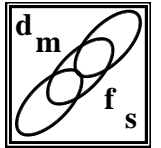
Mobile telephone number:

Email address:

Date of Birth:

Doctors Name:

Doctors Contact Number:



Your carer's contact details

Carer's Name:

Carer's contact number:

Carer's email address

Relationship to person applying:

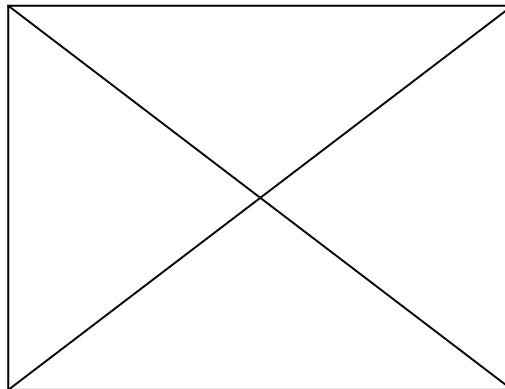
Emergency Contact Details – In case of an emergency we need to have someone to contact:

Name:

Contact Number:

Relationship to person applying:

Please attach a photograph of yourself here



Would you give us permission to use your photograph in newsletters or displays, etc?

YES NO



Section A – Anxieties and Phobias

We require information relating to your behaviour and life style. It is important that you tell us anything additional that you may feel we should know.

Do you have any anxieties or Phobias?

In what situations would these be apparent and what type of situations are likely to cause you to become anxious or agitated?

If you are placed into a distressing situation what is your reaction likely to be and what would you suggest is the best method to reduce your anxiety?

Could you pose a risk to others if suffering from an anxiety or phobia?

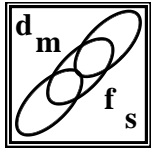
Section B – Medical Conditions and Medication

It is important that we are made aware of any medical conditions that you may suffer from. It is equally important that we are advised of any medication that you are prescribed. Medical information is required in case of an emergency as some medication can have adverse reactions to treatment given in an emergency situation. It is your responsibility and your carer to keep us updated with any changes of medication.

Please also be aware that all Service Users of the ROAR scheme are to be able to self medicate.

Do you have a medical condition that we should be aware of?

Do you take any regular medication?



What medication do you take and what are they for? We need to have information regarding your medication in case there are ever any emergencies. Provide separate information if you have a lot of medication.

Are there any medical conditions that could affect your Health and Safety whilst with ROAR? Eg epilepsy, Diabetes, etc

If you have epilepsy, do you know what type of epilepsy you have?

Do you take medication to control your epilepsy?

Do you get a warning if you are going to have a seizure?

Do you have an epilepsy protocol?

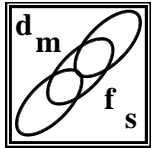
If you have an epilepsy protocol, please attach a copy.

Section C – Behaviour

Information is required regarding your behaviour in day to day situations. This information is important for us to know so that we are aware of your behaviour and are able to support your needs.

Are you likely to wander off when we are out on activities?

Can you be tactile or over friendly with other people?



Do you ever show any aggression or challenging behaviour?

If so are the triggers for this behaviour known?

Has this behaviour ever posed a risk to other service users or volunteers?

Section D – Attention and needs

We would like to understand your needs so that we are aware if any individual attention is required for you and in what situations. If a service user requires individual attention it is important that we are aware of this and when it may be required so that we are adequately staffed and prepared.

Are comfortable within group situations?

In what situation could you need 1:1 attention?

Do you respond better with 1:1 attention in a distressing situation or do you prefer to be left alone?

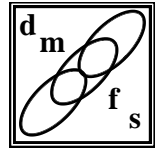
Are you ever over whelmed by too much attention?

If so, is there a particular situation that this may happen in?

Section E – Toileting

Dacorum Mencap service users have various needs and requirements. Information is required so that we are prepared for all eventualities.

Do you require any assistance when using the toilet?



Do you require the use of pads?

Do you need reminders to use the toilet?

Section F – Finance and Money

We require information as to your knowledge regarding the use and meaning of money. Dacorum Mencap try to encourage its service users to be independent and confident with money but we are very aware that this is difficult for some members.

Do you require assistance when handling money?

Are you aware of the values of money?

Are you able to calculate the cost of things and are you aware of change that you should receive?

Could or have you ever been open to financial abuse?

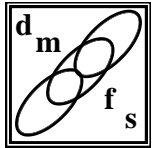
Section G – Communication

It is important that Dacorum Mencap are aware of the ways in which you may communicate.

**Do you have any problems communicating verbally?
If so please advise:**

Are you able to use sign language?

If yes, which form of sign language. Eg British Sign Language, Makaton



If you use a limited form of sign language can you please advise us of the most common signs that you will use:

Do you use any movements, motions or any other form of communication e.g. symbols to communicate?

Section H – Mobility

Do you have any mobility problems?

If so, please advise:

Do you use anything to aid your mobility? Eg a walker or wheelchair

What is the average distance that you can walk without assistance?

Section I – Food and Eating

Dacorum Mencap schemes often offers its service users eating out activities. It is therefore important that we know of any dietary requirements or allergies that may have.

Do you have any specific dietary requirements that we should know about?

Are these medical requirements?

Do you have any food allergies?



If you have food allergies what are the likely reactions?

Do you require food to be mashed or liquidised?

Section J – Relationships

Dacorum Mencap schemes offer group social activities with service users of both sexes and of many different ages. It is therefore important that we are made aware of any situations that you may find distressing or inappropriate.

Do you like being in groups for social activities?

Are you aware of people's boundaries and personal space?

Do you have any problems with social skills when with other people?

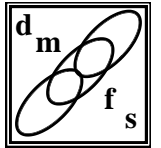
If so, what areas should we be aware of?

Have you ever been accused of or ever posed a risk to another person due to inappropriate behaviour?

If so, please give details:

Have you ever had any warnings for inappropriate behaviour towards other people with learning disabilities, volunteers, staff, carers, etc?

If so, please give details:



Have you ever had any involvement with the police?

If so, please give details:

Section K – Mental Health

Have you in the past, or are you suffering from, any mental illnesses? It is important that we are made aware of this for your Health and Safety.

Have you ever been diagnosed with any mental illness, such as depression or Obsessive Compulsive Disorder?

If so, please give details of diagnosis:

If so, is this a current diagnosis?

Have you ever posed a risk or problem to another person due to your mental health issues?

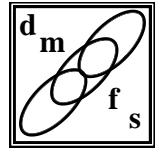
If so, please give details:

Section L – Alcohol

As some of the Dacorum Mencap activities take place in a social environment, ie a public house or recreational centre, alcohol is often available to our service users. It is important that you advise us as to how you view alcohol.

Do you consume alcohol?

Is there a suggested limit to your alcohol consumption?



Are there any reasons that you are not allowed to consume alcohol, eg prescribed medication?

Do you have any adverse reactions to drinking alcohol?

Section M – Other Services attended

As you may attend other services, it is important that we are able to contact them to gain further information. We require references for you to join ROAR and therefore we will request information from anyone that you mention in this section of the form. There is a consent form at the end of this form for you to sign confirming that we can contact people for references.

Do you or have you attended any other services? Such as day service, local groups, charities, etc.

Please provide contact details:

Do you have a current social worker?

Yes / No

Please circle your answer

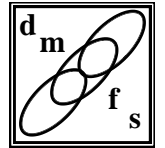
Please provide their contact details and name:

Do you have a current community nurse or probation officer?

Yes / No

Please circle your answer

If so, please give their contact details:



Have you ever had a social worker, community nurse or probation officer?

Can you provide their name, contact details?

Have you ever lived in another area or received services from another area?

If so, where and between what dates?

Section N – Under 25's (Transition team)

If you are aged 18 or 19, it is possible that information is available from The Transition Team or Children, Schools and Families.

Are you known to the local CSF or transition team?

Do you have a named Social worker?

Yes / No

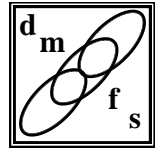
Please circle your answer

What is their name?

What schools / colleges have you attended?

Have you recently moved into this area?

If so, from where and what dates?



If new to the area, were you receiving any services elsewhere?

If so, please give details:

Is there anything else that you feel we should know?

It is imperative that we have as much information as possible. It is for your protection and support and also for other members of the scheme.

Thank you for your time in completing this form. We understand that some of the questions asked are very personal. If there are any sections within this form that you wish to discuss then please feel free to contact Dacorum Mencap on 01442 247675.

Dacorum Mencap consider all of the information that you supply to be private and confidential and will be treated as such. We are dedicated to the Safeguarding of Vulnerable adults and are therefore making our schemes safe and structured environments for all our service users.

Please send your completed form to:

ROAR Scheme
Dacorum Mencap
48 High Street
Hemel Hempstead
HP1 3AF



You must read and sign this section to complete your application to ROAR.

I accept responsibility that I have provided to Dacorum Mencap information that is correct and to the best of my knowledge. I understand that any changes of information should be given to Dacorum Mencap in writing and it is my responsibility to do so.

I give consent for Dacorum Mencap to request and receive information about me from people mentioned in this form as well as the following people who know me.

Other services: Day service, Activity groups, Charities or other organisations.

Social workers of the CLDT, CMHT or Transition Team,
Sensory Services or OPPD.

Community Nurse

Probation Officer

Support worker

Doctor

School

College

Name:

Signed:

Date:

If the person applying is unable to sign this form (or lacks capacity to give consent), please sign your consent for them:

Name:

Signed

Relationship to applicant:

Date:



Equal Opportunities Monitoring

This information is required by Dacorum Mencap to review people that we are providing a service to and to supply this information to our funders.

Living Status

Do you live?:

- At home with parent(s) On your own / with partner
 In supported housing In residential care

If you live in supported housing or a residential service are you supported by unpaid carers as well (for instance, Mum, Dad, sister, Brother, Auntie, etc)?
If so, Who?

- Are you Male or Female?
- How old are you? 18-24 25-39 40-49 50-59
 over 60
- Do you consider your ethnic origins to be:
 - White British
 - White non British
 - Asian or Asian British
 - Black or Black British
 - Chinese or Chinese British
 - Japanese or Japanese British
 - Mixed Race
 - Other ethnic group (please describe)
 - I would rather not say

What is your employment status?

- Employed Unemployed
 Student Unwaged – not seeking paid work
 Retired Other (please describe)

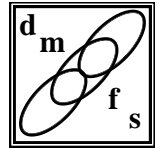
*Referral form V10
Liz King / Elaine Precious*



ROAR Rules for Members and Volunteers

To be a member of the ROAR scheme you must agree to and sign these rules. If you break any rules then you may be asked to leave the ROAR scheme and your membership will be cancelled.

- ☺ No Bullying or picking on or pestering anyone
- ☺ No back stabbing, talking about people behind their backs or making fun of anyone.
- ☺ Don't do anything on purpose to upset someone else.
- ☺ No nasty swearing at anyone or swearing of any kind to be horrible.
- ☺ Respect other peoples property, be considerate of other people and their needs, help them if they need it and/or ask for it.
 - Look after your own property, coats, bags, etc
 - Clear up your own rubbish.
- ☺ Don't take things that aren't yours, or feel pressurised to lend money or buy something for someone else.
 - Don't give someone your phone number if you don't want to.
- ☺ Don't lose your temper with anyone, stay calm and talk about it.
 - If you are upset, annoyed or have a problem speak to a volunteer.
 - Don't panic if someone has a fit or is ill, stay calm and get a Volunteer to help.
 - Remember that volunteers are there for everyone and not just for you.
 - Don't be upset if someone that you want to see doesn't turn up for an activity.
- ☺ Don't drink too much alcohol or eat too much food and make yourself ill.
- ☺ Don't wander off, always let a volunteer know where you are going.
- ☺ Make sure that you book and pay for your activities following the booking procedure.
 - If you are booked and can't come, you must let us know. The earlier you let us know the better as you may receive a credit note.
 - Arrive on time for your activities and outings.
 - Make sure that you bring enough money with you to pay for anything else that you might like, eg food and drinks if not included in the cost.
 - Only use the ROAR mobile number in emergencies eg to say that you can't come or you are running late.
 - Let ROAR know if your telephone number changes.
- ☺ Don't spread rumours about other people.
- ☺ Do not steal from other members, volunteers or staff.
- ☺ Do not use inappropriate behaviour with other ROAR members.
- ☺ If you are asked not to do something by a volunteer or staff member then make sure that you listen to what they are asking.



As all of these rules are for your safety and enjoyment with the ROAR scheme, we need you to sign this statement to show that you understand these rules and that you will stick to them when you are with ROAR. Keep one copy of these rules for you and please send the other copy back to the ROAR coordinator in the envelope provided.

If any rules are broken by you, then your membership to ROAR will be reviewed and there may be a reason that you won't be able to come anymore. We also reserve the right not to disclose the reason for expulsion in some circumstances.

Name :

I understand the ROAR rules and will make sure that I follow them when I am on activities and outings with the ROAR scheme.

Signed:

Date:

If you are unable to sign this for yourself then please ask someone to sign it for you.

Signed by:

Name:

Relation to ROAR member:

Date:

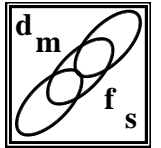
ROAR Rules V3
Amended Aug 2011
Elaine Precious



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Signed:

Date:

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Signed by:

Name:

Relation to ROAR member:

Date:

ROAR Rules V3
Amended Aug 2011
Elaine Precious