REFERRAL FORM

Practical RESTORE Emotional Care Support

Please fill out the following form as accurately as possible. The information provided will help inform a comprehensive risk assessment and a client care assessment. We may require further information, where appropriate, on specific risks posed by the client with regards to their own and others' safety; however this will be compiled at a later stage. Should you have any questions when completing the form, please do not hesitate to call one of our Care Staff and we will gladly help in any way we can.

All information given is treated as confidential and will be stored in a secure location for a specific period of time in accordance with Ireland's data protection acts of 1998&2003.

Olivia Corbett	*Adult Client &Volunteer Support Coordinator*	0857722992
Hansi Chisnall	*Youth & Family Support Coordinator*	0857468447

Client's Full Name: _____ **DOB:** ___/___/_____

Nationality: _____

Tel: _____ **Mobile:** _____

Address: _____

Please tick all of the issues below that most reflect person's needs for practical or emotional support:

- ☐ HIV/HCV
- ☐ Addiction Issues
- ☐ Mental Health
- ☐ Medical other
- ☐ Dental/Eye Care
- ☐ Emotional Support
- ☐ Education
- ☐ Work and Job Training
- ☐ Family & Current Relationship
- ☐ Accommodation Issues
- ☐ Income & Finances
- ☐ Welfare Entitlements
- ☐ Probation/Court/Legal Issues
- ☐ Equality Issues
- ☐ Independent Living Skills
- ☐ Spiritual Needs
- ☐ Bereavement Support
- ☐ Other - _____
- ☐ Other - _____

Additional comments/information:

_____

_____

_____

_____

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_____

ACET (Aids Care, Education and Training) Ireland

14-15 Lower O'Connell Street, Dublin 1 01 878 7700 www.acet.ie

Additional comments/information (continued):

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_____

_____

_____

_____

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_____

Referring Agency/ Individual:

Referring agency & contact person: _____

Tel: _____ **Mobile:** _____ **Email:** _____

Address: _____

Nature of relationship to client: _____

Reason for referral: _____

_____

By signing below, you are giving consent for a member of ACET's staff to contact you and speak with you about the personal details provided in this form.

Referring Individual's Signature: _____

Date: _____/_____/_____