

ACET REFERRAL FORM

FOR AGENCY OR SELF-REFERRALS

Please fill out the following form as accurately as possible. The information provided will help inform a care assessment and comprehensive risk assessment. We may require further information; 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 in accordance with Ireland's Data Protection Act 2018.

Olivia Corbett *Adult Client Support Coordinator* 085 7722992
Hansi Chisnall *Youth & Family Support Coordinator* 085 7468447

Client's Name: _____ **DOB:** ____/____/____

Nationality: _____ **Gender:** _____

Languages: _____

Address: _____

_____ **Tel:** _____

Living With: Alone Family Partner Friends Children Other

Employment Status: _____

G.P. Name: _____ **Address:** _____

The client agrees to be contacted by ACET Staff

Please tick all the areas below that most reflect the client's support needs:

- HIV
- Addiction Issues
- Mental Health
- Other Medical Issues -- please specify: _____
- Emotional Support
- Family or Current Relationship
- Independent Living
- Bereavement Support
- Other: _____
- Other: _____

ACET Ireland

Please provide further details regarding the most current/significant issues from the above list and why the referral is being made:

Is the client currently linked with any other services or supports?

Referring Agency/ Individual or Self-Referral:

Tel: _____ **Mobile:** _____

Email: _____

Address: _____

Nature of relationship to client: _____

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: ____/____/____

Please email this form to olivia@acet.ie or hansi@acet.ie or print and post to

ACET Ireland

ACET Ireland

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