Seaview Project Navigation Service Referral Form

Please send referrals to: admin@seaviewproject.org.uk
Or telephone 01424 717 981 Option 3
Or post Seaview Project, Hatherley Road, St Leonards on Sea, TN37 6LB

Referrer Details	
Name of referrer:	
Service:	
Referrer contact no:	
Referrers email address:	
Date of referral:	

Client details			
Name:		D.O.B	
Pronouns:			
Address:			
Contact no:			
Email address:			
First language:			
Emergency contact:	Relationship:		Contact No:

Consent			
Has the client been made aware of this referral?		Yes	No
If not, why not?			
How does the client consent to be contacted?			
By Post		By Phone	By Email
Consents to contact		Consents to contact	Consents to contact
Does not consent to contact		Does not consent to contact	Does not consent to contact
Unknown		Unknown	Unknown

Additional Details				
Please complete the below	Yes	No	Unknown	Further details:
Does the client have a disability?				
Is the client a veteran?				
Does the client have any mental health needs?				
Does the client have any substance or alcohol use?				

Social Inclusion

How can we help?

Further Information

Is the client working with any other services?

Service		Contact name and details
CGL		
Probation		
Mental health		
Social services		
Treatment services		
Support networks		
Family member/ significant other		
GP		
Other		

Confidentiality

We are committed to maintaining confidentiality. All information is kept securely and not shared with anyone outside Seaview without your permission, or unless exceptional circumstances occur.

If we believe there is a harm to yourself or others, we will inform the appropriate persons but will always endeavour to seek permission from yourself if possible.

Signature	
Print name	
Date	