



## **Seaview Specialist Outreach Recovery Service Referral and Consent Form**

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

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

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?				

Brief summary including risk details / substance misuse	

Other Professionals Involved		
Is the client working with any other services? Please tick and provide details where appropriate.		
Service		Contact name and details:
CGL STAR		
Probation		
Mental Health team (Sussex Partnership Trust)		
Social Services		
Treatment Services		
Support Networks		
Family/ Next of kin		
GP Practice		
Other		

Consent to Contact				
Has the client been made aware of this referral?	Yes		No	
If not, why not?				
How does the client consent to be contacted?				
	Consents to contact	Doesn't consent to contact	Unknown	
By post				
By phone				
By email				

### Disclosure / Consent

In order to help you access the most appropriate support, we would like to gather some basic information about you. This will consist of your name, date of birth, and a brief summary of your circumstances.

Other agencies also may have a duty to provide support for you under the Health and Social Care Act 2012 or under the Care Act 2014.

We would like your signed consent to share the information you give us with appropriate agencies.

If there is a concern about your safety, or the safety of others, we may need to share information without your consent. However, we will strive to inform you if this needs to happen beforehand. Please indicate where you consent for us to share information with the following agencies:

Agency Name:	Consent to share information? YES / NO	Date consent given	Any limitations on consent? YES / NO If yes, please provide details	Date consent withdrawn
Seaview Services: Wellbeing Centre, RADAR, SASS, Specialist Outreach Recovery Service				
STAR Alcohol & Drug Treatment Service				
Adult Social Care				
Sussex Police				
Probation				
Department of Work and Pension				
Citizens Advice 1066				
Adfam Carers Service				
Housing Services				
Rough Sleepers Initiative (RSI)				
Family/ Next of kin				
Hospital/Emergency Services				
Mental Health Team (Sussex Partnership Trust)				
IC-24 Station Plaza walk in service				
GP Practice				
Other				

Client Name (PRINT)		Worker Name (PRINT)	
Signature		Signature	
Date		Date	

By submitting this form, you consent to be contacted by Seaview Project using the details provided.

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