

## Referral Form (V1-2007)

The Dudley Learning Disability Network (LDN) is a voluntary standalone register and service funded by Dudley CCG and Dudley MBC. The LDN collates information about the health and social care needs of people with a Learning Disability to inform the effective planning of services and trends monitoring through demographic information. The LDN does not provide any reports that identify individual (only top line needs and numbers). Information is protected under the Data Protection Act and is only shared where required by DMBC, Dudley CCG the Black Country Partnership Foundation Trust and Dudley Group NHS Foundation Trust.

*Please complete as much information as possible*

SECTION 1 : REFFERER			
Referrer's Name			
Address		Role of Job Title	
Source of information (e.g.: social or health services, family, care provider, self referral)			
Relationship to referred person			
Referrer contact Tel / email			

SECTION 2: DATA SUBJECT			
Client Name		Preferred name	
DOB		NHS No	
Gender	M	F	AIS No
Ethnicity			
Civil status			
Is the client a carer?		Is the client a parent?	
Client Address :	Contact - Telephone		
Post code :	Ask for :		
	Contact -email		
	Address to		

SECTION 3: DATA SUBJECT NEXT OF KIN			
Next of Kin- Name :		Address :	
Relationship :		Post code	
Comments :		Tel :	
		Email :	

SECTION 4: HEALTH & SOCIAL CARE NEEDS	
Medical conditions:	Diagnosis/ Dates / Disabilities
Clinical / professional services accessed :	
Communication requirements : ( ie spoken language, BSL, Makaton etc)	
GP Surgery Address :	
Telephone Number:	
Registered GP :	
Current Social Care needs:	

## SECTION 5: MENTAL CAPACITY

Does the person have Mental Capacity to join the Learning Disability Network?

YES

NO

If **Yes** please tick the box to confirm the below statement

- I declare that I have received explicit consent from the data subject to share and process the information given on this form.

Also, please attach the consent form signed by the data subject.

If **No**, please send the referral form and the LDN will take the necessary steps to obtain informed consent (e.g. Mental Capacity Assessment and Best Interest Meeting where required)

## SECTION 6: PRIVACY POLICY STATEMENT

Information provided in this form is subject to the provision of data protection Act 1998. It will be used for the purpose of the Learning Disability Network on the behalf of Dudley MBC.

Please tick:



- To the best of my knowledge, the information given in this form is correct and complete.
- I confirm that I have informed the data subject or his/her carer of the reasons of collecting the data, what the data will be used for and it might be shared with others for this purpose.

Please sign to confirm the above statement.

**Print Name:**

**Signature:**

**Date:**

	<p>The Dudley Learning Disability Network produces a regular carers bulletin ;</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Please send me a hard copy</li> <li><input type="checkbox"/> Please send me an emailed copy</li> <li><input type="checkbox"/> I do not wish to receive a copy (delete as appropriate )</li> </ul>
	<p>The Dudley Learning Disabilities Network produces a regular Newsletter; for people with Learning disabilities</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Please send me a hard copy</li> <li><input type="checkbox"/> Please send me an emailed copy</li> <li><input type="checkbox"/> I do not wish to receive a copy (delete as appropriate )</li> </ul>

LD Network use only				
Date completed and by Whom		Date entered on system / By Whom		
Carers Newsletter	Y/ N	Format	LD newsletter	Y/N