

**Floating Support B&NES – REFERRAL FORM**

**Who is the service for?**

**Bath and North East Somerset (BANES) Floating Support is short to medium-term service for up to 2 years for people with mental health problems who are either finding it difficult to manage their tenancy and could be at risk of losing their home or are moving into a new tenancy and need support to do this.**

You can refer yourself or be referred by anyone helping with your support (GP, healthcare professional, friends or family etc.). We will then complete an assessment with you to understand your specific support needs and get background information to help us decide if we are the right service for you.

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| **Please Note:**   * To find out more you can call us on **01225 750926** or email us at [FSBANES@second-step.co.uk](mailto:FSBANES@second-step.co.uk) * Please note we cannot accept referrals who have **not** signed and returned a privacy notice. Our privacy notice can be posted or found online [HERE](https://www.second-step.co.uk/wp-content/uploads/2024/05/SS_A5_PROTECTINGINFO_LEAFLET_ELEC_MAY2024.pdf) * This form should be completed with full involvement from the applicant. If accepted initial contact will be made directly with the applicant. * Please note that we are unable to accept referrals which do not have all fields marked \* completed. * Once completed, please return this from to [FSBANES@second-step.co.uk](mailto:FSBANES@second-step.co.uk) or post to **BANES Second Step, 162 Pennywell Road, Bristol, BS5 0TX.** |

(for office use)

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| **Privacy notice sent?** | (please tick) **Yes ( ) No ( )** |

**What support will I receive?**

Together we will agree how often you will need support and will develop a recovery plan with you based on your needs, interests and aspirations. We offer both practical and emotional support, including help with:

* sorting out your financial situations
* filling in forms
* talking to utility companies
* dealing with other agencies
* meeting new people in the community
* accessing higher level mental health or more specialist support e.g. drug and alcohol, debt management, employment support etc.
* benefit claims/appeals
* budgeting, maintaining home, attending appointments.

Generally, you will receive one to two hours of support per week, although this will vary at times depending on your circumstances.

We will review the level of support you receive regularly. Our aim is to help you to get to the stage where you are able to manage your accommodation with the right levels of support, develop a suitable support network and become more independent.

We also run regular service user involvement groups. This is a chance for you to meet like minded people, give feedback, shape the service, try new activities or hobbies.

## **1. ABOUT YOU (the applicant)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title \* |  | Full name \* |  |
| Other names |  | Preferred name \* |  |
| Current address \* Must be within BANES |  | Date Of referral\* |  |
|  |  |
| Date of birth \* |  | | |
| Contact number \* |  | Email address \* |  |
| Emergency contact name, number, relation \* | |  | |
| How did you hear about our service? | |  | |
| Is there anything we need to know about how to contact you? | |  | |

## **2. INFORMATION ABOUT THE REFERRING AGENCY (If applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name\* |  | Job Title\* |  |
| Contact number\* |  | Relationship to applicant\* |  |
| Email address\* |  | | |
| Organisation name and address\* |  | | |
| Signature of referrer\* |  | Date of referral\* |  |

## **3. SAFEGUARDING**

**Please use this section to indicate any safeguarding concerns (if known)**

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## **4. SUPPORT NETWORKS**

Please tell us about anyone who is currently providing support/has previously provided support and how they help/ed *(e.g. professionals, family, friends, neighbour)*

*(Add more lines if needed)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Current Yes/No | Dates(s) support started/ended | Details of support provided |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## **5. HOUSING**

|  |  |  |
| --- | --- | --- |
| What type of accommodation do you live in? \* |  | Additional information *(e.g., landlord details)* |
| Council tenancy |  |  |
| Housing Association tenancy |  |  |
| Private rented |  |  |
| Sheltered housing |  |  |
| Supported Accommodation / Hostel |  |  |
| Temporary or Emergency accommodation |  |  |
| Owner occupier |  |  |
| Friends / Family |  |  |
| Hospital |  |  |
| Other (please state) |  |  |
| Do you have your own tenancy? |  |  |

## **6. WHAT WOULD YOU LIKE TO ACHIEVE?**

**Please provide more details of what you would like support with in the box below.**

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## **7. EQUALITIES INFORMATION**

*We collect this information to ensure we are supporting you in a holistic way. If you do not wish to answer, please indicate this rather than leaving blank.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current age | Ethnicity | | | Religion |
| Gender Identity | Sexuality *(e.g., heterosexual)* | | | Relationship status |
| Primary language | | Other languages | | |
| Do you need an interpreter, sign language, braille, large print? | | | | |
| Is anyone in your household pregnant? | | | If yes, when is the due date? | |
| Do you consider yourself to have a disability? If yes, please give more information: | | | | |

## **8. DISCLOSURE OF INFORMATION AGREEMENT/DECLARATION**

*\* If you do not feel you fully understand any of the below statements, please seek support from the person helping you to complete this form before signing or call our service for support.*

The personal information that you provide in this form will be kept confidential within Second Step. We may need to share information within Second Step – such as to another member of the team. This is to ensure that you receive the same service regardless of who is on duty and to help us keep the service safe for staff and clients.

Information you share with us will only be passed on to other agencies/individuals with your consent. **However,** there are some exceptions when we can share information without your consent:

* If we feel that there is a risk of harm to yourself or others.
* If we are made aware of any offences under the misuse of drugs act, or any anti-social behaviour relating to previous or current supported or general needs housing or any acts or threats of violence relating to previous or current supported or general needs housing.
* If we are made aware of any offences under the ‘Child Protection Act 1989’ and/or the ‘Children Act 1989’.
* I agree that Second Step staff may share information I have provided with other agencies I currently access or may access in the future. These may include supported or general needs housing providers, Social Services, Benefits & Employment Agencies, other support providers etc.
* I authorise any party/organisation/agency to give such information that the Second Step team may require to assist me with my support needs, including information or help, under the General Data Protection Regulation.
* I understand that completion of this form does not guarantee access to Second Step support.
* I confirm that the information contained in this application form is true to the best of my knowledge. I understand that if I have intentionally falsified any information within this form it could lead to the loss of an offer of support or could cause support I am already receiving to end.

## **9. CONFIRMATION**

*By signing below, I confirm the information in this form is accurate and truthful to the best of my knowledge and I have read and understood the above agreement*

|  |  |
| --- | --- |
| Signature \* |  |
| Print name \* |  |
| Witnessed by |  |
| Date \* |  |