Registered Address: Creative Optimistic Visions to the address 11 Steeple House, Percy Street, Coventry, CV1 3BY

Referral Form

Please complete the following information and send to [stacey@creativeoptimisticvisions.co.uk](mailto:stacey@creativeoptimisticvisions.co.uk) or post to 213 Walsgrave Road, Coventry, CV2 4HH

Thank you.

|  |  |
| --- | --- |
| Referring agency / person | |
| Agency |  |
| Address |  |
| Telephone number |  |
| Name of advisor |  |
| Email address |  |

|  |  |
| --- | --- |
| Service user details | |
| Name |  |
| Address |  |
| Post code |  |
| Date of birth |  |
| Telephone number if can be contacted |  |
| Name of Parent/Carer |  |
| Parent/Carer contact details (phone/email) |  |
| Has the Parent/Carer consented for young person to attend this service |  |
| Is an interpreter needed? |  |
| Are there any special learning needs? |  |

|  |  |
| --- | --- |
| Reason for the referral |  |
| Any focus areas where support is needed |  |

Service user authorisation for referral

I authorise my case to be referred to Creative Optimistic Visions.

Client signature:……………………………………………………………………………………………. Date:

Advisor signature:……………………………………………………………………………………….. Date:

|  |  |
| --- | --- |
| To be completed by C.O.V at conclusion | |
| Name of mentor |  |
| Details of outcomes of service users case |  |
| Was the service user satisfied with the outcome and future support provided? | Please give details. |

**Data Protection**

Creative Optimistic Visions regards the lawful and correct treatment of personal information as very important. To this end, Creative Optimistic Visions is committed to adhering to the principles of Data Protection, as detailed in GDPR.

All information provided by the service user during the sessions of Creative Optimistic Visions will remain confidential, however, if we feel that the person is believed to be at risk of harm, or others are at risk of harm, we have a duty to report this concern the relevant person and or organisation.