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|  |  | **OFFICE USE ONLY:** | |
| **Date Received:** |  |
| **Date Acknowledgement Sent:** | |
|  | (Email/Letter) Young Person |
| (Email/Letter) Practitioner |

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| A picture containing tripod, black and white  Description automatically generated | A picture containing symbol, circle, design  Description automatically generated | **YOUNG PERSON’S DYNAMIC REFFERAL FORM** | |
|  | | |
| At Dynamic, we offer lots of different services. They are listed below and there is more information on our website <https://dynamicwrexham.org.uk>  If you know what service you want to apply for, please tick the service below.  If you are not sure, tell us as much about yourself in the form as you can, so can see what your needs are and find the best service/services for you.  You can ask your parent/carer or support worker to help you complete this form, or you can give a member of the team a ring on 01978 263656 so they can help you to complete it.  This is not a guarantee that you will be accepted for any service, but it makes sure we have all the information that we need to make our decision. | | |

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|  | **Dynamic Friends** |
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|  | **Dynamic Groups** |
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|  | **Dynamic Signing Sensations** |
|  | |
|  | **Dynamic Voice** |
|  | |
|  | **Dynamically Active** |
|  | |
|  | **Dynamically Empowered** |
|  | |
|  | **Dynamically You - Nurture Groups / Invent Your Future (please state which service)** |
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| **Please send all referrals to:** |
| [**info@dynamicwrexham.org.uk**](mailto:info@dynamicwrexham.org.uk) **or Dynamic, Bradbury House, 23 Salisbury Road, Wrexham LL13 7AS**  *Please note that individual staff members are unable to accept referrals.* |

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| **For more information on Dynamic services please visit:** | | | |
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| <https://dynamicwrexham.org.uk> | [@DynamicWrexhamCentre](https://www.facebook.com/DynamicWrexhamCenter/) | [@DynamicWrexham](https://twitter.com/DynamicWrexham) | [@dynamic\_wrexham](https://www.instagram.com/dynamic_wrexham/) |
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| **ALL ABOUT ME** | | | |
| First Name(s): |  | Surname: |  |
| Sex: |  | | |
| Date of Birth: |  | Age: |  |
| Preferred Language: |  | | |
| Address: |  | | |
| Post Code: |  | | |
| Contact Tel: |  | | |

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| **…..****…..****…..…..****…..** |
| **WHY I WANT SUPPORT FROM DYNAMIC** |
| Tell us why you want support from Dynamic. |
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|  |  | | |  | | **MY DISABILITY** | | | | |
| **I have been diagnosed with…..**  (e.g. Learning Disability, Autism, Cerebral Palsy) | | | | | | | | | | |
|  | | | | | | | | | | |
|  | |  | | | **MY PHYSICAL HEALTH CONDITIONS** | | | | | |
| **I have been diagnosed with…..**  (e.g. Allergies, Asthma, Coeliac Disease, Diabetes, Epilepsy, Heart Problems) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Do you have a specialist support plan in place to help you?**  (e.g. Epilepsy Support Plan, Diet Plan) | | | | | | | YES |  | NO |  |
| If you ticked yes, please provide details of the support you need or attach your care plan: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  | | **MY MENTAL HEALTH AND WELLBEING** | | | | | |
| **I have been diagnosed with…..**  (e.g. Anxiety, Depression, Eating Disorder, Self-Harm) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Do you have a specialist support plan in place to help support your mental health and wellbeing?** | | | | | | | YES |  | NO |  |
| If you ticked yes, please provide details of the support you need or attach your care plan: | | | | | | | | | | |
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| A picture containing tripod, black and white  Description automatically generated | A picture containing sketch, text, font, drawing  Description automatically generated | **MY COMMUNICATION** | | | | | | |
| I am able to communicate by talking | | | YES |  | SOMETIMES |  | NO |  |
| I am easily understood | | | YES |  | SOMETIMES |  | NO |  |
| I can only use a few words | | | YES |  | SOMETIMES |  | NO |  |
| I choose not to talk | | | YES |  | SOMETIMES |  | NO |  |
| If you ticked yes or sometimes, please provide details of what you use to help you communicate: | | | | | | | | |
|  | | | | | | | | |
| I use signs/symbols/pictures to help me communicate | | | YES |  | SOMETIMES |  | NO |  |
| If you ticked yes or sometimes, please provide details of what you use to help you communicate: | | | | | | | | |
|  | | | | | | | | |
| I use Makaton | | | YES |  | SOMETIMES |  | NO |  |
| I use BSL | | | YES |  | SOMETIMES |  | NO |  |
| I use a communication aid | | | YES |  | SOMETIMES |  | NO |  |
| If you ticked yes or sometimes, please provide details of your communication aid: | | | | | | | | |
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| A picture containing tripod, black and white  Description automatically generated |  | **MY BEHAVIOUR** | | | | | | |
| I need staff support with managing how I behave? | | | YES |  | SOMETIMES |  | NO |  |
| I can struggle with my physical behaviour when I am upset/anxious/ frustrated (e.g. hitting, spitting, kicking) | | | YES |  | SOMETIMES |  | NO |  |
| I can struggle with my verbal behaviour when I am upset/ anxious/ frustrated (e.g. swearing, shouting) | | | YES |  | SOMETIMES |  | NO |  |
| Do you have or have you previously had a Behaviour Support Plan? | | | | | YES |  | NO |  |
| If you ticked yes, do you have a copy of your Behaviour Support Plan: | | | | | | | | |
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| A picture containing tripod, black and white  Description automatically generated |  |  | **MY MOVEMENT AND MOBILITY** | | | | | | |
| I need a support aid to help me move/ walk | | | | YES |  | SOMETIMES |  | NO |  |
| I use a: | | | | | | | | | |
| Advanced powered wheelchair that I control | | | | YES |  | SOMETIMES |  | NO |  |
| Advance powered wheelchair that someone else controls | | | | YES |  | SOMETIMES |  | NO |  |
| Wheelchair that I propel myself | | | | YES |  | SOMETIMES |  | NO |  |
| Transport wheelchair that someone else pushes | | | | YES |  | SOMETIMES |  | NO |  |
| Walking frame | | | | YES |  | SOMETIMES |  | NO |  |
| Special shoes | | | | YES |  | SOMETIMES |  | NO |  |
| Special splints | | | | YES |  | SOMETIMES |  | NO |  |
| Special insoles | | | | YES |  | SOMETIMES |  | NO |  |
| Other specialist equipment | | | | YES |  | SOMETIMES |  | NO |  |
| If you ticked yes, please provide details of your specialist equipment: | | | | | | | | | |
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| A picture containing symbol, silhouette  Description automatically generated | | | |
| **WHO SUPPORTS ME** | | | |
| **MY HOME** | | | |
| I live with: | | | |
| With my Family |  | In Supported Living |  |
| With my Carer |  | In my own home (independently) |  |
| In my own home (with friends) |  | In University/College accommodation |  |

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| **EMERGENCY CONTACT** | | | |
| First Name(s): |  | Surname: |  |
| Relationship to me: |  | | |
| Address and postcode: |  | | |
| Telephone: |  | | |
| Email: |  | | |

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| **EMERGENCY CONTACT 2** | | | |
| First Name(s): |  | Surname: |  |
| Relationship to me: |  | | |
| Address and postcode: |  | | |
| Telephone: |  | | |
| Email: |  | | |

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| **Do you have a Social Worker?** | YES |  | NO |  |
| If you ticked yes, please give their name(s): | | | | |
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| **Do you go to school/college/specialist education or training facility?** | YES |  | NO |  |
| If you ticked yes, please give details: | | | | |
|  | | | | |
| If you ticked no, please give details of the last school/college/specialist education or training facility you attended and the year you attended: | | | | |
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| **Do you have support from anyone else?**  (E.g. Second Voice Advocacy, Your Space, Specialist Nurse, Speech and Language Therapist, Physiotherapist, CAMHS, Inspire, Youth Worker) | | | | YES |  | NO |  |
| If you have ticked yes, please give more details below: | | | | | | | |
| **Their Name** | **Where do they work** | **Contact Details (Phone Number/Email)** | **How long have they been supporting you?** | | | | |
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| **CONSENT** | | | |
| **If you completed this form independently:** | | | |
| I have read and understand that I am applying for a service at Dynamic.  I give my consent for information to be shared/ or requested from services/agencies that are mentioned in this form to support my referral. | | | |
| **I DO NOT give consent for any information to be shared with the following services / individuals for any purpose. (Please list these services/individuals below):** | | | |
|  | | | |
| **Signed:** |  | **Date:** |  |

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| **I had some help completing this form. I had help from:** | | | | |
| Contact Name: | |  | | |
| Agency Name  (if applicable): | |  | | |
| Job Title/Role  (if applicable): | |  | | |
| Address and Post Code: | |  | | |
| Tel. No: | |  | | |
| Email Address: | |  | | |
| **Signed:** |  | | **Date:** |  |

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| **PRIVACY NOTICE** |
| Dynamic respects your privacy and is committed to protecting your personal data and being transparent about how we collect and use your data. We comply with the Data Protection Act 2018 (the UK’s implementation of the General Data Protection Regulation (GDPR)) For full details please see our privacy notice on our website that explains how we use any personal information that you provide, or which is provided to us by third parties.  By submitting this referral you are accepting and consenting to the practices described in this notice, so please visit our website and read it carefully. Any changes we make to this privacy notice will be posted on this page, so remember to check back again if you are a regular user. |

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| **Thank you for completing this referral making to your chosen Dynamic service.**  **What next?** A member of the team will acknowledge this referral within 5 working days.  All referrals go to the Trustee Referral Panel that meets monthly, but it may be a short time frame (4-6 weeks) before you will be made aware of the outcome of the Referral Panel’s decision. Dynamic does have a waiting list for some services, but you will be informed of this on acceptance. The team are unable to give you a timeframe for when places become available but please be assured that all waiting lists are regularly reviewed. |