

Rushey Green Time Bank Client Referral Form

*Rushey Green Time Bank aims to enable people to get involved in their local community by encouraging them to get involved with a range of time banking activities and member exchanges.*

## Guideline for referrals

* It’s recommended this form is completed with your client
* Clients cannot require continuous 1:1 support from activity facilitators or time bank staff. If they require personal care a personal assistant must be present
* Clients are able to travel to time bank activities (i.e. can use public transport or have support of a carer or family member or friend to travel to local activities)
* There are no safeguarding concerns regarding clients engaging with other vulnerable adults
* Clients are not currently misusing drugs or alcohol
* If a client has a history of violence please discuss with us directly before referring
* Clients can engage in RGTB activities and projects without applying to become a member of the time bank itself. If clients are interested in becoming a time bank member to receive the benefits of skills exchanges they must be open to the reciprocal nature of time banking, i.e. as well as receiving and engaging in activities they are open to giving their time and skills. They will also be asked to sign to adhere to our values.

First Name\* **Surname\***

**Address 1\***

**Address… Postcode\***

**Telephone\* Date of Birth\***

**Email\***

Emergency Contact Information

**Name & relationship to client**

**Contact number and address**

**Is the client aware that they have been referred to Rushey Green Time Bank, and are they happy for us to contact them directly? Yes / No**

**Which is the best way for us to contact them?**

**Name of referring staff member and organisation**

Why do you think joining RGTB would be beneficial for them?

Reducing social isolation to help their recovery from a physical or mental illness

To meet new people To share a skill with others

To volunteer their time

Which of the following, if any, RGTB activities or projects are of interest to the client?

Wildcat Wildnerness Foodcycle Lewisham

Arts and Crafts Tea and Chat (knitting and sewing)

Glassmill social Walking Group

Skills exchange Chair-based exercises

Need to discuss with the client

If they are interested to become a member of the time bank, do they have any particular skills or interests they would be willing to share within the time bank? or skills they may like help/ support with?

Have they been referred or are accessing any other groups? If so which?

Does the client have any support needs we should be aware of? For example, mental health, learning difficulties, physical health or substance use? Do they have any allergies?

Are there any safety or safeguarding concerns that we should be aware of or particular risks of challenging behaviours and their triggers? For example, is it appropriate that they engage in 1:1 skill swaps or group settings only?

Do you have any other information that might be useful to us when considering where and how to involve them in the time bank?

Would you like feedback in 6 months on the progress of the client/patient? Yes / No

*Thank you for completing this form. Please email to* *simone.riddle@rgtb.org.uk*

Personal Details **-** Rushey Green Time Bank process personal data in accordance with the General Data Protection Regulation 2018. The information you have provided will enable us to identify the most appropriate projects to support you. We will ensure that any information we obtain and use will always be held, used and transferred safely in compliance with all applicable data protection rules and our data protection policy. We will not share this information with any third party. By completing this form, you are giving consent for the data to be collected and used for the purposes above. You can request to have your details taken off our database at any time.

**Would you like feedback to be given regarding your referral, if so when?**

1 month 3 months 6 months

**OFFICE USE ONLY**

**DATE REFERRAL RECEIVED:**

**DATE CLIENT CONTACTED:**

**ACTION:**

**OUTCOME:**

**FEEDBACK FOR REFEREE DATE FEEDBACK SENT:**