For Office Use Only
Date Received:
Induction Date:

SMART
Membership Referral Form

Date of Application:

Which borough has funding responsibility? RBKC Westminster[1]

Applicant's Details
To be completed by the referrer

Name:

Address 1:
Address 2:
City:
Postcode:

Gender:
Date of Birth:

Home Tel:

Mobile Tel:

Email:

Referrer's Details
To be completed by the referrer

Name:

Agency:

Address 1:
Address 2:
City:
Postcode:

Work Tel:

Mobile Tel:

Email:

Relationship with Applicant:

The Referral Process
Information

Once we have all the necessary paperwork, we contact the referrer to arrange an induction appointment, who then contacts the client/patient. The induction is attended by the client/patient, the referrer and SMART's Member Development Manager. We insist that the referrer, or a member of the care team, accompany new referrals to the induction as the input from the person's carer is often very useful in deciding what projects would be most suitable and also helps promote continuity of care for the service user. For consultants, who often can't make it, we usually have a brief phone conversation prior to the induction to discuss any issues and agree to be available to one another in supporting the client/patient. In the induction, we discuss what the client/patient would like to get out of SMART, make decisions about which projects they would like to do and have a tour of SMART. Following the meeting, the new member receives a Member Handbook and Welcome Letter with the start dates of their projects and a date of their first Member Review in 6 weeks time.

[1] *Please note that client/patient's from Westminster must be referred by their CMHT.*

Other Contacts

To be completed by the referrer

Please list all other members of the applicant's care team.

Key/Social Worker

Name:

Agency:

Address 1:
Address 2:
City:
Postcode:

Tel:
Mob:

Email:

Consultant

Name:

Agency:

Address 1:
Address 2:
City:
Postcode:

Tel:
Mob:

Email:

CPN

Name:

Agency:

Address 1:
Address 2:
City:
Postcode:

Tel:
Mob:

Email:

Other:

Name:

Agency:

Address 1:
Address 2:
City:
Postcode:

Tel:
Mob:

Email:

About your Client/Patient

To be completed by the referrer

What is your client/patient's mental illness (primary diagnosis)?

Please provide any reportable symptoms of the new member becoming unwell.

What are your reasons for referring your client/patient to SMART?

Is the applicant subject to the Care Programme Approach? Yes ☐ No ☐
If yes, please enclose a copy of the most recent CPA

Is the applicant eligible for Care Management? Yes ☐ No ☐
If yes, please enclose a recent Social Services needs assessment

Has a Risk Assessment been carried out in the past 12 months? Yes ☐ No ☐

Please note that we will be unable to accept a new member without a risk assessment.

You and SMART

To be completed by the applicant

These questions are to help us understand how we can assist you in your recovery. We will speak in more detail in your induction meeting.

What are your main reasons for wanting to be referred to SMART?

Are you planning to return to employment at some stage? Yes ☐ No ☐
If yes, what type of employment are you most interested in?

Are you interested in doing some sort of training or study? Yes ☐ No ☐
If yes, what area of training or study are you most interested in?

Do you have any other conditions that we should be aware of (e.g. diabetes, epilepsy)?

Monitoring Information

To be completed by the applicant

The following information is for statistical purposes only.

The information has no effect on an individual being offered work or training at SMART, but is required by The Royal Borough of Kensington and Chelsea to monitor the service we provide.

Which area do you live in?

RBKC – North:
RBKC – South:
RBKC – Central:
Other (Please specify):

What do you consider to be your ethnic origin? *(please tick one)*

White
English / Welsh / Scottish / Northern Irish / British
Irish
Gypsy or Irish Traveller
Any other White background:

Black / African / Caribbean / Black British
Black British
African
Caribbean
Any other Black / African / Caribbean background:

Mixed/Multiple ethnic groups
White and Black Caribbean
White and Black African
White and Asian
Any other Mixed/ Multiple ethnic background:

Asian / Asian British
Indian
Pakistani
Bangladeshi
Chinese
Any other Asian Background:

Other ethnic group
Arab
Other:

Arab British

What is your sexual orientation?

Bisexual
Gay Woman / Lesbian
Other
Gay Man
Heterosexual / Straight
Prefer not to say

Your contract with SMART

To be completed by the applicant

I agree that:

- SMART may have access to the information requested above and future versions of the information such as Risk Assessments and CPAs
- SMART may copy my Care Team/Referrer in on any correspondence to/from me
- SMART and my Care Team/Referrer may exchange any information related to my attendance and engagement at SMART, as well as my general health and wellbeing.

Name: Signed:

Date:

Important Information

To be completed by the referrer

We are contracted by RBKC to provide day services and a programme of evening and weekend activities. We are data protection registered.

If you feel unable to share the information we have requested then please let us know why and we will do what we can to facilitate the referral of your client. Alternatively, you may wish to seek clarification about the data protection issues you face with someone on the mental health commissioning team at RBKC /Westminster.

Unfortunately, until we have reached an explicit agreement we will be unable to accept your client as a member of SMART.

I have fully completed all sections of the referral form		Yes ☐
I have enclosed a full risk assessment or doctor's letter		Yes ☐
I have enclosed a copy of my client/patient's CPA	N/A ☐	Yes ☐

Please ensure all the boxes above are ticked before signing and submitting the form.

Name: Signed:

Date:

Please return to:

SMART, The Basement, 15 Gertrude Street, London, SW10 0JN or contact us on tel: 020 7376 4668; fax: 020 7376 7892; email: referrals@smartlondon.org.uk

For Office Use:

Project	Start date	Time	Comments

Member Review:

Funded by the Royal Borough of Kensington & Chelsea