

**Community Connector Referral**

**Referral agency Name/ Contact details…………………………………………**

 **Self-Referral………………………………..**

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| **Customer Name** |  |
| **Address** |  |
| **E-mail/Telephone**  |  |
| **Household Members**  |  |
| **Languages Spoken**  |  |
| **Current support providers** |  |
| **Groups/Activities currently** **Attending** |  |
| **Vulnerabilities/ Risks** |  |
| **GP surgery details** |  |

**Support needs and desired outcomes**

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| --- | --- | --- |
| **Area of Need** | **Description of Need**  | **Desired Outcome** |
| **Basic needs**Food/ Food VoucherClothingShopsWorship PlaceCultural NeedsNetworking |  |  |
| **Housing**Advice and AssistancePriority AssessmentCurrent Housing Issues- Rent ArrearsLooking after my home |  |  |
| **Education**NEETESOL ClassesHomework ClubLack of Attendance at SchoolApprenticeship RequestNursery ProvisionSchool PlaceOther |  |  |
| **Health and Wellbeing**Physical HealthMental HealthHealthy EatingOther |  |  |
| **Finance**BenefitsDebtUniversal CreditBank AccountCredit UnionBudgeting |  |  |
| **Immigration**Advice and AssistanceLegal Matters |  |  |
| **Safety**Neighbourhood IssuesSexual ExploitationASB Hate Crime |  |  |
| **Other** |  |  |

**INFORMATION SHARING**

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| Leeds City Council would like your permission to share the information that you give to us with our partner agencies and other professionals who provide services in the area of your request. This allows us to ensure you receive the best possible service by engaging all the partners that provide the services that suit your needs.To enable us to do this we need your permission on the form below. Leeds City Council will only share your information with carefully chosen agencies who can provide a beneficial service to you.All information will be held in accordance with the Data Protection Act 1998 and the Leeds Inter-Agency Information Sharing Agreement.**Please note that we will share information, with or without your consent, where we consider there to be a serious risk to you, children or other people.** |

I give consent for the following:

 A referral to the Community Connectors Team- Leeds City Council and all our partners

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| --- | --- |
| Customer Signature: |  |
|  |  |
| PRINT NAME |  | DATE |  |
|  |  |  |  |

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| Community Connector Officer: ………………………………………………….Signature ……………………………… Date ……………………………….. |

Email all referrals to: mamta.sharda@leeds.gov.uk