

## Network referral form

January 2007

SEND THIS FORM TO THE ORGANISATION IDENTIFIED AS BEST ABLE TO ASSIST YOUR CUSTOMER

To:	
Organisation name	
Contact in the organisation	
Date:	

From: referring organisation	
Name	
Contact name	
Telephone number	

Customer Details	Please read the customer consent statement below
Name	
Address	
Tel	
Date of Birth	
NINO	
Reason for referral	
Additional details Please include housing status and income/benefit details where known.	
Contact suggestions E.g. Best time to call / not to call etc.	

*In using this form it is assumed the sender has taken reasonable steps to ensure there will be no risks to the receiving adviser. If there is a known risk, the sender must contact the receiving adviser to discuss the situation before referring.*

I confirm that the customer has been informed, and agrees, that in order to provide further assistance, the information provided on this form may be passed to other Advice Link Network members. Information will remain confidential at all times and will not be used for any purpose other than that intended.

**Signature of the person referring:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **Advice Link Network referral form guidance**

**This note explains the way to make referrals between providers in Blackpool. The referral form and this guidance have been revised in the light of the recent survey. Please use this latest version from now on.**

**The Referrals Scheme** is founded on a common wish to build knowledge and trust between providers within Blackpool.

The aim is that service providers should focus on their own areas of expertise, and refer clients to another provider where necessary. The Network seeks to ensure that every service provider operating in Blackpool has access to information of the range and level of services offered by other providers, whether they are in the not-for-profit, for profit, or statutory/public sectors.

Making appropriate referrals is an integral part of a provider's day-to-day work. The form is one way of making referrals.

***This note sets out the guidance on supporting a service user from one supplier for another using the referral form.***

- The form can be sent direct to the provider concerned, it does not need to go via the Advice Link team.
- Provide your name and contact details on the referral form
- Obtain the client's consent to use the form. Discuss the need for referral and choice of supplier with the client.
- Make timely referrals for the benefit of clients,
- Choose appropriate providers for the level / complexity of the enquiry
- Maintain a high level of client care and confidentiality,
- Take reasonable steps to ensure there is no risk to the client or receiving adviser. *(All organisations are expected to have their own risk assessment procedures for dealing with new customers. This is an added safeguard when referring people on to another organisation.)*
- If you cannot accept a referral pass the details back to the organisation making the referral.
- It is up to individual organisations whether they ask for / provide feedback on the progress of a referral. Any feedback given must be within client confidentiality requirements.

If you find there is no suitable supplier to refer to, please notify the Advice Link team who will monitor this.

**January 2007**