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| **Workbridge** St Andrew’s HealthcareBedford RoadNorthamptonNN4 7AD**Telephone:** 01604 872770**Email:** Workbridgereferrals@standrew.co.uk | **Service User Referral Form**Please use additional sheets if information does not fit in the boxes provided |
|  |
| **Service User Personal Details** |
| **Name** |  |
| Preferred Name |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Address** |  |
| **Town** |  |
| **Postcode** |  |
| **Contact Telephone Number/s** |  |
|  |
| **Referral / Emergency Contact** |
| **Name** |  |
| **Relationship**  |  |
| **Contact Number/s** |  |
| **Address** |  |
| **Town** |  |
| **Postcode** |  |
| **Email Address** |  |
|  |
| **Type of Disability** |
|  |
|  |  | **Autism** |  | **Brain Injury** |  | **Learning** |  | **Mental Health** |  | **Other** (please specify) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Please provide further information** |
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|  | **Mode of transport to and from workshop sessions?** |  |
|  |  | **Bus** |  | **Car** |  | **Cycle** |  | **Taxi \*** |  | **Walk** |  | **Other** (please specify) |
|  |
|  **\* Name and number of Taxi firm**  |  |  |
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| **How will sessions be funded?** |
| **Funding Provider**  |  |
| **Customer Reference Number***(all NCC funded Referrals)* |  |
| **Point of Contact** |  |
| **Contact Telephone Number/s** |  |
| **Address invoice to be sent to** |  |
| **Town** |  |
| **Postcode** |  |
| **Email Address** |  |

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| **Session Preference** |
| **Please indicate preferred workshop in order of priority (1, 2, 3,):** |
|  | **Bakery (not currently available)** |  | **Catering** |  | **Coffee Shop** |  | **Ceramics** |
|  |  |  |  |  |  |  |  |
|  | **Contracting** |  | **Charity Shop** |  | **Design & Print** |  | **Garden Centre** |
|  |  |  |  |  |  |  |  |
|  | **Grounds Maintenance** |  | **Office Skills** |  | **Textiles** |  | **Woodturning** |  | **Woodwork** |
|  |
| **Duration** |  | **AM / PM** |
|  |
|  | **All day** |  | **Half day** |  | **1 - 2 Hours** |  | **AM** |  | **PM** |

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| **Preferred Day** |
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|  | **Monday** |  | **Tuesday** |  | **Wednesday** |  | **Thursday** |  | **Friday** |
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| **Reason for referral to Workbridge?** |
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| **Any relevant information that would aid the safe and productive delivery of sessions****including useful interventions to treat problems/risk?** |
| Please include relevant information on risks, behaviour, physical health, diagnosis, special needs, epilepsy, diet, allergies (including food) or inhalers |
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| **Forensic History / Cautions (arson, absconder, aggression etc.)** |
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|  |  |  |
| Are they or have they previously been a risk to: | Please provide any further information regarding criminal or risky behaviour |
|  |  |
| Children? |  |  Vulnerable Adults?  |  |  |  |  |  |
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| **Is internet access permitted?** | Please note anything that we should be aware of regarding this. |
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| Yes |  | No |  |  |  |  |  |
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| **Escorting / Personal Assistant** |
|  |
| Does the Service User have an escort assigned to them? | **Yes** |  | **No** |  |  |
|  |
| If **yes**, does the escort have an enhanced DBS? | **Yes** |  | **No** |  |  |
|  |
| Has the escort undertaken any disengagement, breakaway or | **Yes** |  | **No** |  |  |
| behavioural management training in the past 12 months? |
| If **yes**, please provide details |  |  |  |
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|  | **Please note**:* You may be asked to complete our own training if your current training is not considered a suitable alternative
* If there is any possibility a Service User will have different people escorting them, they will also have to satisfy our criteria of an enhanced DBS and suitable training
* If any escort does not meet one of our criteria, we will require them to register as a volunteer, with a remit to support the Service User. This will enable us to provide the necessary training and DBS checks. The escort will not be able to support sessions until this has been completed
* Workbridge staff may assess that there is a need for an escort for safe risk management. If an escort is required, whomever assesses this need, Workbridge require proof that they have a satisfactory enhanced DBS.
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| *It is a mandatory requirement for a Service User to have an escort for at least their first session at the induction process (DBS/alternative training is not required for this)*  |
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| **Will they be required to take any medication whilst attending Workbridge?** **If yes, are there any side effects we should be aware of?** (Service Users must be able to administer their own medication) |
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| **By signing this form you are confirming your agreement to the Workbridge Terms (noted below)****and consent to us using your personal data as set out in those Terms and our Privacy Notice** |
| **Emergency contact signature:** |  | **Date:** |  |  |
| **Print name:** |  |  |
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| **COVID-19** |
| The safety of our service users, volunteers, staff, customers and visitors is of the utmost importance to us at Workbridge. We have put many systems in place to ensure we are complying with the Government’s COVID-19 Secure guidance and are able to maintain a safe environment for all on site. We request that every service user confirms that they have read and understood each section by signing on the dotted lines. If this is not possible, a responsible adult may do so on their behalf. In order to be as inclusive as possible, but as safe as possible, we will risk assess any specific areas of concern on an individual basis.

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| **Understanding of COVID-19** |
|  | I am aware of the main symptoms of COVID-19 (coronavirus):* high temperature (37.8°C or above)
* new, continuous cough
* loss or change to your sense of smell or taste
 | …………………. |
|  | I am aware of the need to self-isolate for 7 days if I experience any of the symptoms of COVID-19, and I will be unable to attend Workbridge during this time. | …………………. |
|  | I am aware of the need to self-isolate for a minimum of 14 days if anyone in my household experiences any of the symptoms of COVID-19, and I will be unable to attend Workbridge during this time.  | …………………. |
| **COVID-19 and Workbridge**  |
|  | I will notify Workbridge as a matter of urgency should someone in my household become symptomatic. | …………………. |
|  | I understand that if I become ill during my time at Workbridge, I will have to return home within 1 hour.  | …………………. |
|  | I understand that I will be asked to keep at home for the minimum isolation period if I develop any COVID-19 symptoms whilst at Workbridge. | …………………. |
|  | I confirm that emergency contacts are up to date and do not include anyone who is in the “shielding” category. If usual emergency contacts are shielding, I will provide appropriate alternatives, in writing, to Workbridge. | …………………. |
|  | I understand that I will not be able to attend Workbridge if I have a temperature of 37.8°C or above, even if I have taken paracetamol or ibuprofen to reduce it. | …………………. |

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| **Guidelines at Workbridge** |
|  | I commit to following social distancing guidance and will stay at least 2 metres away from other people. | …………………. |
|  |  |  |
|  | I agree to follow the hand hygiene and washing procedures that will be explained to me when I return to Workbridge.  | …………………. |
|  |
|  | I understand that Workbridge will need to limit the number of items that I bring in from home to minimise the risk of infection. I may be asked to leave certain items at home, and I will follow these instructions. | …………………. |
|  | I understand that I may be required to wear a mask on site, or other personal protective equipment.  | …………………. |
|  |  |  |
|  | I understand that Workbridge has had to make changes to everyone’s timetable to ensure that as many people can return, as safely as possible. Changes might include session start and end times as well as which days I attend certain departments. All changes will be communicated with me. | …………………. |
|  | I agree to arrive to Workbridge no earlier than needed for the start of my sessions. I will go straight to my sessions. | …………………. |
|  | I understand that there may be some activities that I am used to doing that unfortunately cannot be carried out safely within COVID-19 Secure guidelines.  | …………………. |
|  | I understand that I will need to bring in my own drink bottle and any refreshments I need.  | …………………. |
|  |  |  |
| **My health** |
|  | I confirm that I am not in the clinically extremely vulnerable (shielding) category. | …………………. |
|  | (If in the clinically vulnerable category) I can confirm that I have sought medical advice and that a medical professional has stated that it is safe for me to attend Workbridge. | …………………. |
| **Declaration** |
|  | I understand that Workbridge must follow Government guidance and satisfy all health and safety requirements. As a result, there may be future changes to Workbridge processes, procedures and rules. These will be communicated with me. | …………………. |

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|  |
| **Print name:** |  |  |
| ***If not the service user them self, please state******nature of your relationship to service user:*** |  |  |
| **Signature:** |  | **Date** |  |  |
|  |

**Service User Risk Assessment Questionnaire**

*(to be reviewed annually)*

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| --- | --- | --- | --- | --- |
| **Can the Service User do the following without assistance?** |  | **Yes** |  | **No** |
|  |  |  |
| **Go to the toilet / manage personal care?** |  |  |
| **Change clothing?** |  |  |
| **Get to and from the workshops / toilets / canteen?** |  |  |
| **Use steps?** |  |  |
| **If they use a wheelchair or walking aid, can they move into a chair?**  |  |  |
| **Cross the road safely (aware of road safety)?**  |  |  |
| **Feed themselves?** |  |  |
| **Understand instructions?**  |  |  |
| **Communicate?** |  |  |
| **Administer their own medication?** |  |  |  |  |
|  |
| **Any further comments?** |
|  |
| **Disclaimer:** From this assessment we can review the requirement for a support worker. Workbridge are unable to provide a 1-1 support worker.Your first Workbridge session should be supported by a family member or carer. We reserve the right to swap sessions/offer an alternative workshop. |

**WORKBRIDGE TERMS**

Workbridge is a part of St Andrew’s Healthcare that offers services and support to individuals by providing opportunities for work experience and training.

**This document sets out the basis on which the arrangement will operate between the Referrer and Workbridge and the obligations of the service user.**

The person nominating the service user (**Referrer**) is required to sign the Referral Form to confirm that they have read and understand these terms, and that they will ensure that the service user is made aware of the requirements expected of service users.

**1. SERVICE USER REGISTRATION AND COMMENCEMENT OF SESSIONS**

1.1 The Referrer shall complete the Workbridge referral form and risk assessment (detailing relevant information on risks, behaviour, physical health, diagnosis, special needs, epilepsy, diet, allergies (including food) or inhaler use). On receipt of the referral form, Workbridge shall determine whether or not the service user is suitable to attend sessions, and what support arrangements (if any) should be put in place.

1.2 Workbridge will notify the Referrer of whether or not the service user has been accepted to attend sessions and will work with the Referrer to ensure that all suitable arrangements are in place before the first session takes place. Workbridge will contact the Referrer to discuss session availability and arrange a start date and time. Unless otherwise agreed in writing, sessions shall continue until notice is given under paragraph 3.

1.3 Workbridge requires confirmation of funding from the Referrer, to include invoicing details, before a service user can commence sessions.

1.4 The service user must attend a tour before sessions take place. An induction will be provided by Workbridge for the service user on their first session at Workbridge. The service user will be required to confirm their agreement to the Workbridge rules (as set out in the Workbridge Welcome Pack supplied at the induction).

1.5 Workbridge must be notified immediately if there are any changes to a service user’s contact details, medication, risks, physical health, diagnosis, special needs or key worker.

1.6 The service user, Referrer and/or carer will be invited to an initial 6 week review to discuss the service user’s progress. This review will then take place annually.

**2. INVOICING AND PAYMENT**

2.1 Invoices will be sent to the Referrer on a monthly basis, for the previous month. The date of the invoice is normally the 1st of the month (unless otherwise agreed with the funder).

2.2 Invoices are charged in terms of “sessions” accessed. A session constitutes a morning or an afternoon, regardless of length of time attended. Sessions are charged per session. Our current session rates are available on request. The session rates will be reviewed on an annual basis, usually 1 April.

2.3 The Referrer agrees to pay all invoices to St Andrew’s Healthcare within 30 days of the date of the invoice. The Referrer shall ensure any external funding is in place.

2.4 Interest may be charged on late payments at the rate of 5% above the Bank of England base rate (current at date payment is due). Sessions may also be suspended until payment is received in full.

2.5 If a service user is not able to attend a session due to a holiday, appointment, sickness etc. Workbridge must be notified on 01604 872770. These sessions will still be charged.

2.6 Sessions are not normally held on Bank Holidays or over the Christmas period. Occasionally sessions may need to be changed or cancelled. Where possible Workbridge will always try to place the service user in an alternative workshop rather than cancel a session. In the case of a closure/cancellation, service users and their Referrers or carers will be notified and these sessions will not be charged.

**3. TERMINATION OF OR CHANGES TO SESSIONS**

3.1 If a service user no longer wants to attend sessions at Workbridge, four weeks’ written notice must be provided and sessions during this period will be charged. The written notice must be sent either by email to workbridge@standrew.co.uk or by post to Workbridge, Bedford Road, Northampton, NN4 7AD.

3.2 If a service user wishes to change their session, this request must come from the Referrer or carer and must be discussed in the first instance with a Workbridge Service Manager. Agreement to any changes shall be at the sole discretion of Workbridge.

3.3 Workbridge reserves the right to terminate a service user’s attendance if a service user poses too high a risk to others or themselves or behaves in a way which is inappropriate for the Workbridge environment or which is not in line with Workbridge’s policies and procedures. Sessions will continue to be charged for 4 weeks, unless Workbridge is able to allocate the space to another service user.

**4. PERSONAL CARE, MEDICINES AND ESCORTS**

4.1 Workbridge staff are unable to provide personal care, including the administering of medication. If such support is required, it is the responsibility of the Referrer to arrange suitable provision.

4.2 If a service user requires care support from an external provider (referred to at Workbridge as a ‘service user escort’) they must follow the ‘Workbridge Escort Guidelines’ (available on request). If they do not adhere to these guidelines, attempts will be made to resolve any issues. If lack of adherence to guidelines persists, it may result in the escort being asked not to return to Workbridge. The line management of any escort is not the responsibility of Workbridge. An alternative service user escort must be provided for all future sessions.

**5. CONFIDENTIALITY AND DATA PROTECTION**

5.1 All service user information is confidential and is used in compliance with the Data Protection Act 2018. Workbridge will provide details of how personal information is used and stored to the service user at time of induction.

5.2 Workbridge will use Referrer and emergency contact personal information in order to provide the services and for the effective management of those services and, where you have agreed\*, to share marketing on Workbridge events or to ask for feedback on its services.

***\*By signing the Referral Form, we ask you to provide your consent to us sharing your personal information in this way.***

5.3 The Referrer may withdraw consent at any time although this may affect Workbridge’s ability to provide services. Details of how to withdraw consent are contained in the St Andrew’s Healthcare Privacy Notice (see below).

5.4 The St Andrew’s Healthcare Privacy Notice is available on its website wwwstah.org and contains further details of how Workbridge handles personal data, the security measures taken to protect it; the Referrer’s rights in relation to that data and the period of time Workbridge will normally keep the data.

5.5 St Andrew’s Healthcare is the “data controller” responsible for the lawful processing of information under the Data Protection Act 2018 and the General Data Protection Regulations.

5.6 As well as discussing any questions with a Workbridge contact, the Referrer may contact the Data Protection Office at St. Andrew’s Healthcare, Billing Road, Northampton, NN1 5DG or at

informationgovernanceteam@standrew.co.uk.

**6. GENERAL**

6.1 Save where such liability cannot be excluded by law, Workbridge shall not be liable for:

6.1.1 any failure or delay in performance of this arrangement which is caused by any event beyond its reasonable control; nor

6.1.2 any consequential, indirect or special losses under any circumstances.

6.2 These terms, and any dispute or claim arising out of shall be governed by, and construed in accordance with English law and shall be subject to the exclusive jurisdiction of the English court.