



**Bike Bank, Ripple Effect & Transitions
Referral Form**

<p>ECI Office Use Only Participant code:</p> <p>Date Received:</p>

Section 1 - THE APPLICANT

Name:	Date of birth:
Address:	Gender:
Phone:	Email:

How would you prefer to be contacted? (Tick all that apply)

Email Telephone Text Letter

Which ECI project are you interested in? (Tick all that apply)

- Bike Bank www.bikebank.eci.org.uk
- Ripple Effect www.rippleeffect.eci.org.uk
- Transitions www.transitions.eci.org.uk
- Unsure

<p>Would you like to be notified by text message of any new activities and groups that are starting?</p> <p align="center">Yes / No</p>

Do any of the following apply to you? (Tick all that are appropriate)

Physical disability or long term physical health condition	
Learning disability or neurological disorder	
Mental health issues	
Drug/alcohol issues	
Offending or Antisocial Behaviour	
Care leaver	
Experienced domestic abuse	
Other disadvantage (please explain)	

Referred by:

(Please ensure your Referrer completes Section 2)

CONSENT

I (insert name)..... consent to (insert referrers name)..... completing this application for inclusion in an ECI project (Bike Bank, Ripple Effect, Transitions). I understand that an assessment of risks and my needs will be part of this application and I give consent for copies of any risk/support plans to be shared with ECI in relation to this (if applicable).

I agree to Exeter Community Initiatives (ECI) recording, storing and processing information about me that is necessary for me to participate in ECI projects. I understand that this information will be kept only for as long as necessary and that consent can be withdrawn at any time by writing to the Chief Executive at the postal or email addresses below.

Signed (Applicant)..... Date

Section 2 – RISK/NEEDS ASSESSMENT *(to be completed by the applicant's referrer)*

Applicant name.....**DOB**.....

In order to assess which ECI project is suitable for the applicant, and to safeguard both them and others, we need to assess the risks involved and the needs they are likely to have. Please fill out this form to the best of your knowledge. Thank you.

Please assess the following risks:				
Risk	Yes	No	Don't Know	Further Info
Risk to self				
Suicidal thoughts or suicide attempts (in the last 12 months)				
Self harm in the last 12 months				
Self-neglect				
Risk to others				
Threatening or abusive behaviour				
Anti-social behaviour				
Previous history of abusing others				
Associates or pets known to be aggressive				
Known to carry weapons				
Should not be left with a lone worker				
Offending history				
Violent offending history				
Sexual offending history				
Arson convictions				
Other relevant convictions or cases pending				
Risk from others				
Risk from family members				
Financial risk				
Risk from friends/associates				
Poor awareness of personal safety				
Any other relevant information?				

NEEDS

We need to know about the applicant's support needs.

Please give information about the needs, how best to support them and/or how they are being supported in the following areas?

Mental health and wellbeing
Physical health (including any drug/alcohol issues)
Communication and social skills
Developing social networks, helpful relationships & community involvement
Any other information:

Declaration:

I can confirm that the information I have given in this form is true, to the best of my knowledge. I understand that any false or misleading statement may mean that ECI is unable to help the applicant or to accept references from me in the future. I understand that the applicant is entitled to view any information held about him/her, and that this reference will be openly discussed with him/her at an initial assessment meeting.

Please sign to give your consent:.....Date:.....

Name:	Organisation:
Your role/capacity in which you know the applicant:	Length of time you have known the applicant?
Tel:	Email:

Email completed application & risk assessment to: people@eci.org.uk
or send to: Exeter Community Initiatives, Wat Tyler House, 3 King William St, Exeter EX4 6PD
Please mark "Confidential". Thank you for your help.

Please give any further information you think we might need to know to help & support the applicant: