**Shoreditch Trust Referral form**

*N.B. Shoreditch Trust no longer operates a**Front Door to the Community Navigation Network. This came to an end on 31st March 2023. Please refer to the Find Support Services map by London Borough of Hackney for signposting information:*

[*https://find-support-services.hackney.gov.uk/*](https://find-support-services.hackney.gov.uk/)

*We accept referrals for programmes and courses under Shoreditch Trust:*

* *Long Term Conditions: Stroke Project, Health & Wellbeing Coaching, walking and other group support*
* *Women & Children: support around pregnancy*
* *Young People: 16-19 NEET and groups 12-16*
* *Community Table: Cook & Eat courses; Community Table lunch*
* *Long Covid Community Activities*

*To find out more and see our current schedule of activities, please visit our website:*

[*https://www.shoreditchtrust.org.uk/*](https://www.shoreditchtrust.org.uk/)

*If you have questions, please just get in touch. >* ***02070338500***[***connect@shoreditchtrust.org.uk***](mailto:connect@shoreditchtrust.org.uk) ***or*** [***referrals@shoreditchtrust.org.uk***](mailto:referrals@shoreditchtrust.org.uk)

*We accept self-referrals and professional referrals*

|  |  |
| --- | --- |
| *Date of referral:* |  |
| *Referrer details: (name, e-mail, organisation, contact number)* |  |
| *Is this an urgent referral?* | *Yes/ No*  *(We aim to make first contact within 1 working week, unless urgent.)* |

***Essential info*** *(this is the minimal information we need to be able to accept a referral)*

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Date of Birth: |  | Contact Number(s): |  |
| Address: |  | E-mail (if available): |  |
| Postcode: |  |  |  |
| Has this person consented to this referral? *(you must ensure you have their consent before referring)* | | Yes/ No | |
| Reason for referral/ changes they wish to achieve: | |  | |
| GP Surgery: *(this information is used to be able to connect with relevant support)* | |  | |
| Are you aware of any **risks**, for example to visit this person at their home? | | Yes (please give details)/ No/ Unknown: | |
| If referring for Dementia support, does this person have a diagnosis of dementia? | | Yes/ No / Unknown (Please include Next of Kin contact details below too) | |

***Additional info*** *(not essential but helpful if you can provide us with this):*

|  |
| --- |
| *for example: gender, ethnicity, other support in place; health conditions; access or language needs; any care package; lives alone; contact details for next of kin?* |

Complete and return this form to

[referrals@shoreditchtrust.org.uk](mailto:referrals@shoreditchtrust.org.uk) or [*connect@shoreditchtrust.org.uk*](mailto:connect@shoreditchtrust.org.uk)

To discuss making a referral or to refer over the phone, please call us on: 02070338500

Shoreditch Trust, 12 Orsman Road, London, N1 5QJ

*We observe strict rules and regulations about handling people's data. You can find out more about this by visiting our website* [*Shoreditch Trust | Shoreditch Trust Privacy Policy*](https://www.shoreditchtrust.org.uk/privacy-policy/) *or contact us for more details.*