Referral Form

Please type directly into the fields below

Please complete as much information as possible. Fields marked * are particularly helpful for us to process the referral.
This form contains confidential information and should be shared securely.

1. REFERRAL DETAILS

Type of referral

- ☐ Direct Payment
- ☐ Personal Health Budget
- ☐ Other

Service required

- ☐ Managed Account with Invoices
- ☐ Managed Account with Payroll
- ☐ Managed Account with Invoices & Payroll
- ☐ Suitable Person Service
- ☐ Payroll Only Service

2. CLIENT DETAILS

First name *

Last name *

Date of birth *

Postcode*

Address *

Contact telephone number

Preferred contact method

Email address (if known)

3. NOMINATED PERSON / REPRESENTATIVE

Complete if applicable

First name

Last name

Date of birth

Relationship to client

Address

Contact telephone number

Email address

4. ADDITIONAL INFORMATION

Does the client live alone? ☐ Yes ☐ No

Risk factors for home visits Please include anything staff should know before visiting

Is an initial visit/meeting required? ☐ Yes ☐ No

First language

Communication or accessibility needs e.g. interpreter, hearing impairment, large print

Relevant support needs or health conditions

Current services in place

5. FUNDING AND SUPPORT

What will the funding be used for?

☐ Personal Assistants ☐ Agency care ☐ Activities or support ☐ Other

Further details (if needed)

Does the client need help with recruitment? ☐ Yes ☐ No

Allocated hours / support hours (if known)

6. REFERRER DETAILS

Name *

Organisation *

Department / team

Contact telephone number*

Email address *

Referral date

Signature / typed name

7. SUPPORTING DOCUMENTS

Please confirm whether a current support plan is being provided with this referral.

- ☐ Support plan attached
- ☐ Support plan to follow
- ☐ Not available

Other documents or information supplied

Submit your referral

Please save the completed form and email it securely to:

info@ilbp.co.uk

Before sending, please check that the client details, referral information and your contact details are complete.
Do not send confidential information to any address other than the approved ILBP contact route.

*** Helpful information for processing the referral.**