

Walsall Service Users Empowerment

Unit 1, Talisman House
47 Bath Street
Walsall WS1 3BX

Pat Nye Chair
Roger Merrick Manager
Phone/Fax: 01922 644983
E-mail wsuc@supanet.com



Referral Information Form

Name of Person Referred:

Age

Male / Female

Ethnic Group

Address

Phone number

Disability and Services Used

Referred by: (Name)

Position

Contact information

Risk Assessment – Are there any issues relating to risk which need to be disclosed to Walsall SUE?

SUE Manager sign & date here if a discussion on risk has taken place.

Referral is for the person named to: (please identify activity and expected outcomes of referral)

Any other information of relevance

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Agreement

Name _____ As a new group member, I agree

1. to attend the sessions as agreed, or let Walsall SUE know as soon as possible if I cannot attend or wish to cancel my place,
2. to take part in group activities and allow others to take part
3. to respect other people and their views , and so I will not make racist, sexist or other offensive, remarks while on Walsall SUE premises
4. I will leave the session if asked by Walsall SUE staff

Places are reviewed periodically.

Signed

Date