

IPS Referral Form

Note: This tool forms part of a suite of guidance documents, tools and templates developed by the IPS Grow consortium. It should be read in conjunction with document “2.0 Introduction to IPS Grow delivery tools”. Further information can be found at www.ipsgrow.org.uk. Please ensure you adapt this document fully to comply with local requirements. This tool was last updated June 2018.

Please complete where possible ALL sections of this form.
This form is confidential.

Client’s personal details		
Title:	Surname:	ID:
First names:		
Telephone number (Home & Mobile)		
		Eligibility: Is your client eligible to work in the UK? YES NO
Risk Information		

Are there any safety issues in relation to work that may affect the client you are referring from gaining employment?

(please refer to any alerts and the most recent risk assessment)

Please state if the client you are referring are under a Community Treatment Order or any Governing Authority (MOJ, MAPPA, JIGSAW, Offender Register etc.)

Has this referral already been discussed and approved with the MDT?

(please circle answer below)

YES

NO

Why does the client want to work? (in their own words)

Is there anything else which it might be useful for the Employment Specialist to know?

- Strengths?
- Contact preferences?
- Include employment history (e.g. have there been any issues during the individual's previous work history that have been barriers for the individual in sustaining employment)
- Any training completed and qualifications gained

Referrers' Details:

Name of referrer:

Profession of referrer:

Date of referral:

Phone:

Client signature: _____

Please Return via email or in person to:

NOTE: the referral form is a guide and ideally could be further enhanced and improved with the input of your local clinical team and local service users.