



Brandon Trust
Learning disabilities.
Living a life.



Thinking about using a Brandon Trust service?



Referral Form

This is a form to fill in if you want to use a Brandon Trust service.

You can ask someone to help you fill it in if you want to.

Please tell us when you are filling this in.



Date:

B.T.I.D. Number:
(Office use only)



About this form ...

This form will help us to understand what kind of support you would like.

Things like -



Support to live in your own home.



Somewhere to live with support from staff all the time.



Doing more things for yourself.



Employment training and support to find a job.



Getting involved in things you enjoy.

Please tell us as much as you can about yourself and the service you are looking for.

It would be helpful if you could send extra information with this form. This will help us to understand your support needs better.

It could be a copy of a care plan or information you are willing to share from your Person Centred Plan.



About you ...



What is your name?



What is your address?



What is your phone number?



What is your mobile phone number?



What is your email address?



What is your date of birth?



**Is someone helping you to fill out this form?
Please tell us about them ...**



What is their name?



What is their address?



What are their telephone numbers?



Telephone:



Mobile:



What is their email address?



Do they work for an organisation? Which one?



Your support ...

How do you want Brandon Trust to support you?



To live in your own home?



To live somewhere with support from staff all the time?

Supported Living

Registered Care

Nursing



Employment training and support to find a job?

Yes

No



Getting involved in things you enjoy?

Yes

No



Doing more things for yourself?

Yes

No



**Please tell us more about
your support ...**

For example:

Do you have unusual support needs?

Would support staff need special skills or training?

Are you interested in a project we are running?



When would you like your support and how much?



Which days?



What times?

How much support do you need?





Which area or town is best for you?



Do you use any other services already?
If you do please tell us about them.



Please tick this box if you are sending extra Information with this form.



Please tick this box if the money to pay for the service is sorted out.



It might hold things up if the money isn't sorted out yet.

If you don't have money to pay for your service yourself you can speak to your local Council to see if they can help.

They will assess you to see if they should pay for a service. They might give the money directly to you to pay for a service from us. This is called a Direct Payment.

A Social Worker or Care Manager will be able to tell you more about this.



Thank you for filling in this form.



**Please send it to:
Referrals, Brandon Trust, Olympus House,
Britannia Road, Patchway, BS34 5TA.**



What happens next?



1

We will get in touch with you or the person making this referral for you one week after we get this form.



We have lots of different services and the information you share with us on this form will not answer all of our questions.



The person who deals with this referral will ask you more questions about what you are looking for.



2

If we think we can give you the support you need we will tell you or the person making this referral two weeks after we get this form.



If someone is filling in this form for you they will tell you how things are going or you can phone us on



0117 907 7200

or email us at



referrals@brandontrust.org

or you can speak to someone at your area office:



Bristol and South Gloucestershire – 0117 952 8273



Cornwall – 01208 72142



Devon – 01208 72142



Gloucestershire & Wiltshire – 01452 886307



North Somerset & BaNES – 0117 952 8255



London – 0207 062 8860