**Black Country Connected**

**- For a Healthier Future**

**Referral form**

This form is to be completed by a healthcare professional/professional body to refer someone living in Dudley, Sandwell, Walsall and Wolverhampton to the Black Country Connected Programme.

By submitting this form, the recipient will be invited to take part in Black Country Connected Programme and will receive a loan of a Geobook Laptop and free data to access the internet.

Please note, recipients will be contacted within four weeks of a referral being received by the Black Country Connected team.

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| **Referrer’s contact details:** |
| **Name:** |  |
| **Job title:** |  |
| **Organisation:** |  |
| **Email address:**  |  |
| **Contact number:** |  |
| **Date of completion:** |  |

|  |
| --- |
| **Recipient’s details:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name *(first & surname)*** |  | **Date of Birth** |  |
| **Address**  |  | **Post Code** |  |
| **Landline/home** **number** |  |
| **Patient Group****(*please state the recipient’s primary condition if they have more than one*)** | Long Term Conditions [ ]  Socially isolated [ ]  Young people with Mental Health Condition [ ]  Frail/Elderly [ ]  Type 1 or 2 Diabetes Mellitus [ ]  Homeless [ ] Older Adult with Mental Health Condition [ ]  Visually impaired [ ]  Refugee/Migrant [ ]  Young people/Adults seeking employment [ ]  |

Please confirm if the recipient has access to their **own** mobile phone (*this cannot be a mobile phone they share with another individual).*

Yes [ ]

No [ ]  ***If no mobile number this will be set up if the participant receives a loaned smart phone***

|  |  |
| --- | --- |
| **If you have stated yes, please confirm the mobile number** (*this must be the recipients own number and not shared with another individual)* | ***Clinical system*** |

Please confirm if the recipient has access to their **own** email address (*this cannot be an email address they share with another individual).*

Yes [ ]

No [ ]  ***If no email address this will be set up on the day of device distribution***

|  |  |
| --- | --- |
| **If you have stated yes, please confirm the email address** (*this must be the recipients own email address and not shared with another individual)* | ***Clinical system*** |

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| **About the resident:** |
| Q1. | Does the recipient have any known disability or condition that may require additional support to take part in this project? | [ ]  Yes (go to Q2)[ ]  No (go to Q4) |
| Q2. | Please state (this information is to assist the Project in ensuring additional support is available if requested/required). | [ ]  Visual impairment[ ]  Deaf or hard of hearing[ ]  Physical mobility[ ]  Learning disability/mental health[ ]  Other, please state ……………………………………….…………………………………………………………………..………………………………………………………………….. |
| Q3. | Please state what assistance is required due to their condition or disability: | …………………………………………………………………..…………………………………………………………………..…………………………………………………………………..………………………………………………………………….. |
| Q4. | Does the recipient require assistance from an interpreter? | [ ]  Yes (go to Q5)[ ]  No  |
| Q5. | Please state which language (including BSL): |  |

Please provide any additional information below which would be needed in order to provide accessibility to ALL residents referred: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

All data provided within this form has been kept to a minimum in line with UK GDPR legislation and is for use by the Black Country Connected Project Team ONLY. The recipient data is to enable invites to be directed to the referred residents. All recipients will be asked to complete a form consenting to their information to be collected and used to contact them as part of this project when they receive the loan devices.

The Black Country Connected Project Team have all undertaken their annual mandatory training and are also governed by the NHS Code of Confidentiality.

The surveys that the participants will be asked to complete are anonymous and will be used to analyse how successful the project is or not.

All data collected is to be held securely with restricted access to the Black Country Connected Project Team.

Please send referral form to: bcwbccg.bccp@nhs.net