

**Referral to BHT Sussex Work Placement Programme**

**Client Details**

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| Name: | Address: |
| DOB: | National Insurance Number: |
| Telephone number: | Email address: |
| Preferred method of contact |

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| What makes you interested in the BHT Sussex Work Placement Programme and what would you like to get from it?  |

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| To provide appropriate support and a successful placement we ask that all participants consent to their support worker sharing a risk assessment with us. Please sign below to indicate that you give this consent.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Privacy Statement: Client information is collected and stored in line with GDPR legislation. If you would like a copy of BHT Sussex’s GDPR Privacy Notice, please ask for this. |

**Referrer Details**

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| Name of referrer: | Organisation worked for: |
| Telephone number:  | Email address: |
| Date of referral: | Risk assessment provided: Yes [ ]  No [ ]  You can either attach a copy of your organisation’s risk assessment for the client or we can send one for you to complete.  |