|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SELF-REFERRAL FORM FOR HWYNI | | | | | | | | |
| Full Name: |  | | | | D.O.B: | | |  |
| Address:  Telephone number: |  | | | | NI Number: | | |  |
| Next of Kin: | | |  |
| Next of kin number: | | |  |
| Primary support need: | Mental health: |  | | Learning Disability: | |  | Drug/Alcohol: |  |
|
| Other (specify): |  | | | | | | |
|
| What is your availability for contact?  (Add specific times if necessary) | Morning: Afternoon: Evening: | | | | | | | |
|  | | | | | | | |
| Do you currently receive support?  (If so specify who supports you) |  | | | | | | | |
| What support do you need? |  | | | | | | | |
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|
| Where did you hear about our service: | | |  | | | | | |
| Are there any risks associated with working with this service user? | | |  | | | | | |
| Are there any pets in the property? | | | Cat  Dog  Other: | | | | | |
| Signed: | | | Date: | | | | | |