Lincoln Pelican Trust Limited

20 – 22 Crofton Road

Allenby Industrial Estate

Lincoln  
Ln3 4nl

Telephone: 01522 513533

Fax: 01522 540093

Email: [enquiries@pelicantrust.org](mailto:enquiries@pelicantrust.org)

Web: [www.pelicantrust.org](http://www.pelicantrust.org)

PRIVATE AND CONFIDENTIAL

Particulars to be completed by the referring agent and/or client:

Personal Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | Date of Birth: | | M | F |
| Address:  Post Code: | Telephone Number: | Mobile Number: | | |
| Marital Status: | N.I. Number | | |
| Type of Benefit: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality: | Your Ethnicity: (please tick as appropriate) | | |
| First Language: | White | Mixed/Multiple Ethnic Group | Asian/Asian British |
|  | Black/African /Caribbean | Black British | Other Ethnic Group: |

|  |  |  |
| --- | --- | --- |
| Do You Have A Disability or Long Term Health Problems? | Y | N |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Length of Time Unemployed | | | | | | | | | | |
| Less Than 6 Months | | 6 to 11 Months | | | 12 to 23 Months | | 24 to 35 Months | | Over 36 Months | |
|  | |  | | |  | |  | |  | |
| Highest Level of Qualification Gained | | | | | | | | | | |
| None | Below L1 | | L1 or Equiv. | L2 or Equiv. | | L3 or Equiv. | L4 or Equiv. | L5 or Equiv. | | Not Known |
|  |  | |  |  | |  |  |  | |  |

Next of Kin

|  |  |
| --- | --- |
| Name: | Telephone Number: |
| Address: | Mobile Number: |
| Relationship To Individual: |
| Postcode: | Emergency Number: |

Referring Agent

|  |  |
| --- | --- |
| Name: | Telephone Number: |
| Address: | Organisation: |
| Postcode: | Job Title / Relationship To Individual: |

Support Arrangements

Please give details of the following that apply to the individual:

|  |  |
| --- | --- |
| G.P. – Name and Address: | Community Support Worker: |
| Telephone Number: | Telephone Number: |
| Social Worker – Name and Address: | Consultant – Name and Address: |
| Telephone Number: | Telephone Number: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please Provide Details of Medical Conditions/Diagnosis/Medication: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Medical Conditions/Diagnosis/Medication Continued: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| NHS Number: | | | CPA: | Enhanced | | Standard |
| Please Attach Copies of: | CPA | Risk Assessment | | | Support Plan | |

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| --- |
| Are there any matters relating to the physical and mental health of the individual of which Lincoln Pelican Trust Limited should be made aware of; e.g. arson, self-harm, violent behaviour. |
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Work Related Goals

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| Please supply details of the individual’s main objectives and the purpose for the referral. |
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| Please state the individual’s preferred work area(s) and days. |
|  |
|  |
|  |

We have read and agree to the terms outlined in the Eligibility Criteria attached to this form

|  |
| --- |
| Client Signature of Agreement: |
|  |
| Referring Agent Signature of Agreement: |
|  |
| Date: |
|  |

Lincoln Pelican Trust Limited is committed to the assessment and evaluation of every individual and therefore requests an invitation to attend case conferences/reviews in order to give and receive appropriate information. Data Protection Act 1998 – Lincoln Pelican Trust Limited is likely to put information onto a computer to assist with record keeping.

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Eligibility Criteria

Lincoln Pelican Trust Limited has developed and refined a programme of work experience and training with considerable success that has proved to be positive, practical and rewarding.

To ensure quality standards, Lincoln Pelican Trust Limited is able to accept or reject any application (on various grounds). This protects the current learner group from individuals considered unsuitable, due to inappropriate behaviour, arson etc. Such reasons must always be open and preferably stated in advance, to avoid the inefficiency of declined referrals.

It is anticipated that referrals will be made from a variety of professional sources:

|  |  |
| --- | --- |
| * Psychiatrists | * Community Psychiatric Nurses |
| * Social Workers | * Key Workers |
| * Disability Employment Advisors | * General Practitioners |
| * Private Health Care Sector | * Training Agencies |
| * Voluntary Organisations | * Self Referrals |

***Please refer to the following guidelines when considering a referral:***

1. Placements are available to all those of working age with a mental health problem, learning or physical disability.
2. Placement will be on the basis of potential for the individual to benefit from the development programme.
3. Potential applicants must have no current drug/alcohol problem, unless currently undergoing or completing a regime of treatment.
4. Applicants must be motivated to attend and can demonstrate a commitment to employment/training.
5. Appropriate interaction in a group situation.
6. All applicants to Lincoln Pelican Trust Limited must have a Personal Budget or other funding available (e.g. self funding) to cover the cost of £40 per day of attendance. The funding must also cover any travel costs the applicant incurs. 4 weeks notice period required to end placement.
7. Mental Health Service Users aged between 18 and 64 years old who are not in residential care may be referred for attendance on to a contract, if one in place, please ask.