

Referral Hub Service User Notification Form

Provider Details

Registered Name	
Contract Name / Number	

Service User Details

Title	
Forename	
Surname	
Address (please include Room/flat number & postcode)	
Telephone Number	
DOB	
National Insurance Number	
Start Date	
End Date	
Client Group Supported	
Primary	<input type="text"/>
Secondary	<input type="text"/>

Only applicable to non HUB referrals:

Has a data sharing form been sent if required, i.e. all chargeable contracts?

Yes []

No []

This form was completed by

Signed	
Name	
Date	
Telephone Number	
Fax Number	
Email Address	

For Office use only

SPLS ID	
DSF Received	
Date Input	
Signed	

Vacancy Details for Accommodation Based Service Only	
Date of vacancy / Tenancy end date	
Is the vacancy/project accessible for physically disabled people?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any shared facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please give details:	
Does the usual eligibility/referral criteria for the service apply to this vacancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO please state what referrals can be accepted at present	

Vacancy Details for Floating Support, Non-Accommodation Based Service	
Are there any geographical restrictions on where the support can be delivered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please give details	
If there are different levels of support that can be provided within the service, Please indicate the level of support that can be provided to this vacancy?	
Does the usual eligibility/referral criteria for this service apply to this vacancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, please state what referrals can be accepted at present?	