



**How to refer a client to a  
Moving Forward Group  
Service Project**



# How to refer a client to Moving Forward Group



Treat as CONFIDENTIAL when completed

Moving Forward Group - REFERRAL FORM – Project Code: *MFG0999*

**From:** *NORTHWORTH GP SURGERY* Please accept our referral of -

Name (of person being referred):	
<i>MR DAVID SMITH</i> <small>(Male / Female)</small>	Date of Birth: <i>01/01/1990</i> Referring Organisation: Ref Number: <i>NT768954V</i>
Contact <u>Address</u> (of person being referred):	
<i>1 Main Street, Northworth ***** Post Code: <i>NW1 1AA</i></i>	Contact Telephone Number: <i>07334 876 453</i>
Access requirements?	
<i>Wheelchair access required.</i>	
Brief Notes:	
<i>Prefers evening meetings.</i>	

I *Peter Johnson* acknowledge that I have informed the person named above of the Fair Processing Notice below and any conditions that the referring organisation attaches to this referral.

Signed: *P Johnson* Date: *30/10/2017*

Email: *peter.johnson@northwaygpc.org*

Telephone: *0191 765 234*

Date recorded at <del>Moving Forward</del>	Referral Ref No: <i>R</i>
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**Fair Processing Notice:** Whilst you are associated with Moving Forward your personal data will be held by Moving Forward Group DC under the requirements of the appropriate laws of the UK. Your personal data will be processed to support your membership activities with Moving Forward. Anonymous summaries, that do not refer to individuals, may be shared as evidence of the efficacy, or otherwise, of Moving Forward's objectives. **Danger of harm – obligation to report:** In all circumstances Moving Forward staff will report the possibility of harm to a member, or other individual, to the appropriate competent authority. This is with the intention of preventing harm. Also see our webpage named Confidentiality & Attendance - <https://movingforwardgroup.org/confidentiality-attendance/>

MFG Form A

Treat as CONFIDENTIAL when completed

< Form header.

< Client's details and additional information.

< Referrer's Certification.

< Referrer's contact details.

< MFG admin.

< Fair Processing Notice.



## How to refer a client to Moving Forward Group

1. Please treat completed, or partially completed, referral forms as CONFIDENTIAL, and dispose of any waste accordingly.
2. At the head of the form enter;
  - a. **[Project Code:]** - Enter the service project reference number in the field. This identifies the Moving Forward Group (MFG) project that has been agreed with your organisation. Your MFG service project options are listed at Annex A to this document.
  - b. **[From:]** - Your organisation including branch/department details. E.g. Northworth GP Surgery.
3. The client's details are entered in the text boxes that are the main section of the form. Please enter;
  - a. **[Name:]** –
    - i. *Title: e.g. Mr, Mrs, Miss, Ms,*
    - ii. *Full name in capitals with surname last. E.g. Mr John Smith*
  - b. **[Male / Female]** – Circle, or tick, the appropriate gender.
  - c. **[Date of Birth:]**
  - d. **[Referring Organisation Ref' Number:]** *E.g. National Insurance Number, Staff Number etc.*
  - e. **[Contact Address:]** To include the Post Code. Just the street address and post code are required. *E.g. 123 Northworth Avenue. N10 1AA.*
  - f. **[Contact Telephone Numbers:]** *E.g. Mobile and/or landline please.*
  - g. **[Access requirements?]** *Does the client require any adjustments, or assistance, to enable routine access to buildings or, services?*
  - h. **[Brief Notes:]** – If required please record brief helpful information here.
4. To enable any required clarification of details please enter your details as follows;
  - a. **[I]** - Your name – the person making the referral must hold to appropriate mandate to authorise a referral. MFG service project mandates for your organisation are listed at Annex A to this document.
  - b. **[Signed:]** – To certify that you have informed the person being referred of both the fair processing notice, and any conditions that the referring organisation attaches to the service project that is to be provided by Moving Forward Group.
  - c. **[Date:]** - the date of referral. *I.e. The date the referral form is completed.*
  - d. **[Email:]** – Your email address.
  - e. **[Telephone:]** – Your full work telephone number.
5. The last section of text boxes at the foot of the form are used by MFG's administration team and do not require completion by the referring organisation.
6. The completed referral form should be passed to MFG as per the protocol agreed at Annex A.



**Help & Advice**

If you require help with making a referral, or need to enquire about a specific case please contact MFG’s general enquiry line – **0776 250 8945**.

**Service Project Overview**

