

ABILITY WEST CORK PROGRAMME REFERRAL

* Please see Appendix 1 for list of eligible referrers and Appendix 2 for participant eligibility criteria

PARTICIPANT DETAILS	
Name:	Date of Birth:
Address:	Contact No:
REASON FOR REFERRAL	
Please outline what it is hoped the person will gain from the referral	
HEALTHCARE NEEDS	
Details of the person's mental health needs (e.g. presenting needs, diagnosis if any)	
Details of any other relevant diagnoses or healthcare needs (e.g. ASD, learning disability etc)	
Description of how the person's <i>mental health</i> needs are impacting their ability to access education, training or employment	

Details of the healthcare services and individual professionals that are currently supporting the person	
RISK MANAGEMENT ISSUES	
Details of any known risk management issues (i.e. to self or others)	
<p><i>Please note the referrer is responsible for communicating any known changes in the person's risk profile while they are active with Ability.</i></p>	
ANY OTHER RELEVANT INFORMATION	
REFERRER'S DETAILS	
Referrer's Name:	Date of Referral:
Organisation:	Profession:
Contact No:	Email:

If you have any queries about the Ability West Cork Programme or completing the referral form please don't hesitate to contact us on 023 8834035 or at ability@wcdp.ie. Completed referrals can be returned to the address below.

We look forward to hearing from you,

The Ability West Cork Team

West Cork Development Partnership
 3rd Floor Credit Union Building
 Kent Street
 Clonakilty
 Co. Cork

CONSENT FORM		
Section 23 of the Non- Fatal Offences Against the Person Act 1997 provides that a person over the age of 16 years can give consent to surgical, medical or dental treatment and it is not necessary to seek consent from the parents.		
	Yes	No
I give my permission to be referred to Ability West Cork		
I give permission for my information to be held by Ability West Cork in accordance with obligations set out under the Data Protection Acts 1988, 2003 and 2018		
Name: Signature: Date:		
For young person's under the age of 18, please include a signature from at least one of your parents/ guardians to show that they are aware of the referral		
Parent/Guardian 1 Name:	Parent/Guardian 2 Name:	
Signature:	Signature:	
Date:	Date:	

APPENDIX 1: List of Eligible Referees

Professionals from the following areas may refer in to the programme:

- Child and Adolescent Mental Health Services
- Adult Mental Health Services
- Psychologists from Children's Services (i.e. Primary Care Teams or Children's Disability Services)
- Career Guidance Counsellors within school settings
- Disability Support Services in 3rd level institutions
- GPs

APPENDIX 2: Participant Eligibility Criteria

To be eligible for consideration for the programme, potential participants must meet the following criteria:

- 1.) Be aged between 17 and 29 years of age
- 2.) Be a resident in or have an address in West Cork
- 3.) Have mental health needs
- 4.) Experiencing difficulty accessing or sustaining education, training or employment due to their mental health needs