

NEW RESIDENTS PROCEDURE 2017

We are only able to take professional referrals these can be from a Social Worker, Care Coordinator, or GP.

We can only accept people who are in receipt of Universal Credit/Housing Benefit or those that are self funded.

Initial contact from professional via telephone or email

Over-view of service and if there are any vacancies

Professional and applicant to visit to meet with staff and residents

Referral completed

Applicant invited to stay for a few hours

Applicant invited to stay for a week

After trial if settles well applicant invited to stay for a month

Meeting with residents to assess applicant's suitability

Applicant to sign licence agreement and start paying Top Up by standing order



Great Yarmouth
and Waveney Mind

28-31 Deneside
Great Yarmouth
Norfolk
NR30 3AX

T: 01493 842129
F: 01493 330294
W: www.gywmind.org.uk
E: reception@gywmind.org.uk

Reg. charity number 1059886
Company number 3282832

Residential Referral – Confidential

Please include as much information as possible to help us assess the applicant's needs fully.
If possible a Crisis Management, CPA or Risk Assessment.

To enable us to deliver an effective service and observe the Data Protection Act please ask
the applicant to read and sign the following authorisation.

Name of Applicant.....

I authorise Great Yarmouth & Waveney Mind to make any necessary inquiries on my behalf
and to request or share information with third parties in order to assist me with my support,
benefits and housing needs.

Applicants SignatureDate.....

Referred By

Agency..... Name..... Tel No.....

Office Use Only

Date Received

Action.....

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About You

Do you like being with people? Yes or No
Have you ever lived in a group? Yes or No
Do you have challenges with sleeping at night? Yes or No

Have you experienced any of the following, if so when.

Self Harm

Anger Problems

Eating Disorders

Diabetes

Substance/Alcohol misuse

Please explain why you would like to move to Mountbatten Way.....

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Please be as open as you are able, to explain your past history.....

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People we may need to contact.

Your GP

Name..... Telephone Number.....

Your Next of Kin

Name..... Telephone Number.....

Name..... Telephone Number.....

Please return referral to:

D. Brown
Great Yarmouth & Waveney Mind
28-31 Deneside
Great Yarmouth
Norfolk
NR30 3AX

March 2017

