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**LIMA PROJECT REFERRAL FORM**

**Please complete the form and post/ email to us. Once we have received this form, we will contact you to arrange a session to check our support is right for you.**

**What does LIMA do?**

* LIMA offers monthly groups, workshops and individual sessions for autistic adults.
* LIMA support is focused on helping you understand your autism and find out ways of managing difficulties you experience in your life linked to your autism.
* This is not counselling or psychotherapy, but we can help you in accessing such services if you would like.
* The LIMA service is for individuals without a social care package.
* LIMA cannot provide crisis support. If you feel that you may hurt yourself or want to end your life you can speak to your GP, go to A&E, or call the Samaritans. You can also contact the Sussex Mental Health line for out of office hours support on 03005000101, or the Samaritans on 116 123. We are not a 24-hour service. If you want to contact one of the team outside your appointment time you can email, write to us or call us. We will try to get back to you within a week, but we cannot promise to do this.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | | **Date of ASD Diagnosis:**  **Place/Team diagnosis took place:**  **Type of diagnosis (AS, autism, mental health, ADHD etc):** |
| **Address:**  **Post Code: Tel:**  **Email:**  **Mobile:** | | | |
| **Date of Birth:** | **Age:** | | **Gender:** |
| **Ethnic Origin:** | **Religion:** | | **Language:** |
| **NHS Number:** | | | |
| **GP: Tel:** | | | |
| **Emergency Contact:** | | | |
| **CPN/ Care Manager/ Mental Health Team Contacts/ or other health professionals** *(Please state):*  **Names:**  **Locations:**  **Tel:****Email:** | | | |
| **Are you currently being supported by any of the following (please tick all relevant):**  ❑Community Mental Health Team ❑Social Services ❑Workaid Employment Support  ❑Prevention and Assessment Team (PAT) ❑Advocacy Services ❑Carer’s Services  ❑Probation Services ❑Other............................................................. | | | |
| **Are you employed?** | | | |
| **Person making the referral:** | | | |
| **What is/ are your preferred ways of contact and support?** (Tick as many as you like)  ❑ Telephone❑ Video call ❑ Face to face❑ Email❑What’s App or other typed messages  ❑ ANY of the above | | | |
| **What outcomes would you like to achieve with LIMA support?** | | | |
| **HEALTH INFORMATION** | | | |
| Please indicate which, if any, of the following apply | | | |
| Acquired brain injury □ | | Attention deficit disorder □ | |
| ADHD □ | | Allergies □ | |
| Asperger’s □ | | Autism □ | |
| Diabetes □ | | Epilepsy □ | |
| Learning Disability □ | | OCD □ | |
| Alcohol Dependency □ | | Drug/Substance Dependency □ | |
| Physical/sensory issues □ | | Sensory overload □ | |
| Mental Health □  **Please provide more information:**    Impact on your daily life -    Medications required –    Strategies you have in place to help you manage your mental health - | | | |
| Other health diagnosis □  **Please provide more information:** | | | |

**Payment for Sessions**

The LIMA Project is currently supported by funding from West Sussex County Council and consequently we are able to offer a low cost sliding scale of payment for sessions. Please see the table below for the cost of each session. If you have any questions regarding payment, please contact us.

|  |  |  |
| --- | --- | --- |
|  | **Face to Face Sessions** | **Other Format (i.e. Skype, telephone, instant message)** |
| **For individuals in full time employment** | £15 | £10 |
| **For individuals in part time employment or**  **unemployed** | £10 | £5 |

 Online payment: You need to go to this webpage

<https://www.aldingbournetrust.org/store/p170/mynetworkconsultancy.html>

**You can pay by bank transfer to the Aldingbourne Trust Outreach Account**

Sort code 30-91-97

Account number 01011250

**Cancellations:**

If you cannot attend one of your appointments, please contact us 24 hours beforehand to let us know. If you do not provide at least 24 hours’ notice you will be charged for your session, unless there are

exceptional circumstances. If you repeatedly do not attend sessions without letting us know we may no longer be able to offer sessions without a re-referral.

**Who will be working with me?**

The LIMA team are:

|  |  |  |
| --- | --- | --- |
| Picture 909 | Fran.png | Picture 912 |
| Tini | Fran | Trish |

**Confidentiality:**

The information you give us and what you say in the sessions will be kept confidential within the LIMA project/Aldingbourne Trust team. This means we will not share this information with anyone else unless you have given us permission to do so. The LIMA Project team does have a duty of care to everyone we work with. This means that if we think you may hurt yourself or try to end your life, or you may hurt someone else we may have to share this information with GPs, emergency services, social services or others, to make sure you and everyone else is safe. We try to do this with your permission, but sometimes we may have to share information without your permission. We also may have to share information with the police if we believe it may lead to the prevention or detection of a serious crime.

**Appropriate Behaviour:**

We are committed to provide a safe and inclusive environment for all clients and staff. This means that any behaviour that is abusive or threatening, will not be tolerated and may result in the termination of sessions.

**Data Protection:**

For information on Aldingbourne Trust’s data protection policy please go to our website <https://www.aldingbournetrust.org/privacy-policy.html> or call 01243 544607

For more information you can contact: The Data Controller - Sue Livett, Managing Director, Aldingbourne Trust, Aldingbourne Country Centre, Blackmill Lane, Norton, Chichester, West Sussex, PO18 0JP

|  |  |
| --- | --- |
| **Please write your name and sign or tick below to confirm you have read and agreed to the details above:** | |
| Name: |  |
| Signature |  |
| ❑ I agree to the service provision, confidentiality and data protection details noted above. | |
| Date: |  |

**Once complete please email this form to**

[**network@aldingbourne.org**](mailto:network@aldingbourne.org)

**or post to**

**Aldingbourne Trust, Blackmill Lane, Norton, Chichester, PO18 0JP**

*For office use only*

|  |  |
| --- | --- |
| *Date referral received:* |  |
| *Date customer contacted:* |  |