



Ignition Support Referral Form

Please complete the form below to refer yourself or someone to our service.

Upon receiving this referral form we will contact you to discuss your needs further. If we believe we are a suitable service for you, we will visit you to complete an initial assessment.

An initial assessment means we will ask further personal details, to ensure we can provide you with a safe and meaningful support service that meets your needs.

This referral form is for our Ignition Support day service, where you will learn and experience mechanics, and how to work on cars and motorcycles, and related vehicle operations.

First Name:		Surname:	
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Title: (Mr. Miss, Mrs)		Gender (Please circle)	Male / Female / Do not wish to disclose
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Date of Birth	
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Address:	
Post Code:	

Telephone number:	
Mobile phone number:	
Email:	

Diagnosed Disability	
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Are you able to travel in a van and car?	
Do you require frequent use of a wheelchair?	



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<p>Is there any history of offending behaviour or behaviours of concern? If yes please provide brief details:</p> <p>We may need to discuss this section further during assessment.</p>	
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Care Management Team:	
Name of Care Manager / Social Worker:	
Telephone contact number:	
Email address:	

Name of referrer:	
Relationship to the individual:	
Address:	
Contact numbers:	
Email:	
Will you be using a Direct Payment?	

<p>Additional comments / notes – please include any medical conditions we need to be aware of such as epilepsy, heart conditions.</p>

Once completed please email to: neilgrant@ignitionsupport.co.uk

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