 

**Bath & North East Somerset**

Referral to the Transitions Panel

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| Your Name | Date of Birth | | Age |
| Your Address  NHS Number:- | | | Telephone Number |
| Your GP (please include address) | | School or College | |
| People who support you  (i.e. Social Worker, SEN, Doctors, Health Professionals) | | | |
| If you have an EHC plan, one page profile or any reports or assessments, you can send it but please could you give us some information. | | | |

**About You**

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| What do you do? (i.e. school, college, clubs, friends) |
| What do you need help with? |
| It will be useful to consider The Care Act Criteria. Do you have any of the following needs:? |
| Managing and maintaining nutrition: |
| Managing personal hygiene: |
| Managing toilet needs: |
| Being appropriately clothed: |
| Being able to make use of the adult’s home safely: |
| Maintaining a habitable environment: |
| Developing and maintaining family or other personal relationships: |
| Accessing and engaging in work, training, education or volunteering: |
| Making use of necessary facilities or services in the local community including public transport and recreational facilities or services: |
| Parenting responsibilities: |
| Money – support with finances and managing your money, (eg, is your main carer your Department of Work and Pensions Appointee): |
|  |
| What would you like to do in the future? |
| If you already have an education, health and care plan, you can tell your SEND practitioner that you think you would like an assessment.  Impartial information and support to help guide you through this process is available from the SEND Partnership Service – contact telephone: 01225 394382 or email: [send\_partnershipservice@bathnes.gov.uk](mailto:send_partnershipservice@bathnes.gov.uk). You may also find useful information on the Rainbow Resource website [www.rainbowresource.org.uk](http://www.rainbowresource.org.uk). |

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| **Consent – this is very important. If you are 16 or above we need your permission to share information and consider you at panel. Your parent or guardian can sign for you if you are under 16.** | |
| **Signed** | **Print** |
| **Date:** | |

Please return this form to:

Maria Beasley

Learning Disabilities & Complex Needs

Bath and North East Somerset Community Health and Care Services

Virgin Care

Connections Day Service

Frome Road

Radstock

BA3 3LL

This service is provided Virgin Care on behalf of NHS Bath and North

Service provided by

East Somerset CCG and Bath and North East Somerset Council.

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