

**SiLS ‘Help When You Need It’ (HWYNI) Service Referral Form**

We offer free, short-term, flexible support (of up to one year) to adults with Autism and/or Learning Difficulties in North Bristol. We provide practical support and advice to help people get to where they want to be. We look at people’s strengths and support them to build on these as part of their journey to independence. We aim to connect people with their local community, as well as signposting to other services where appropriate.

**Please feel free to make a referral or self-refer if you/the service user meets the following criteria:**

* You/the service user currently lives in North Bristol.
* You/the service user has either a diagnosis of Autism and/or Learning Difficulties (this doesn’t have to be formally diagnosed)
* You/the service user has short-term support needs that could be achieved within one year of support.

If you have any queries about how the service works or if you’re unsure if you/your service user might qualify for our help, please feel free to either email us on [tier2referrals@mysils.co.uk](mailto:tier2referrals@mysils.co.uk) or call our office on 0117 960 8855.

|  |  |
| --- | --- |
| **Personal Details:** |  |
| **Client Name:** |  |
| **Current Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Gender:** |  |
| **Date Of Birth:** |  |
| **Client Group:** | Learning difficulties/Autism |
| **Ethnicity:** |  |
| **Religion:** |  |
| **Income:** | Universal Credit/ JSA/ Wages £…………….pw/ Pension / Savings/ PIP (Mobility)/ PIP (Care)/ ESA/ Other ………… |
| **Economic Status:** | Part Time Work/ Full Time Work/ Not Seeking Work/ Unable to Work/ Job Seeker/ Student / Training/ Retired/ Other ……..… |
| **Contacts:** |  |
| **GP Details:** |  |
| **Next of Kin (Name, Number(s), Address):** |  |
| **Main R****eferrer Contact Details:** |  |
| **Relevant Background Information:** |  |
|  |  |
| **“My Goals”/Short-term Support Needs:** |  |
|  |  |
| **Risks:** |  |
|  |  |
| **Signed:** |  |
| **Name:** |  |
| **Date:** |  |

**When completed please return the referral form to** [**Tier2referrals@mysils.co.uk**](mailto:Tier2referrals@mysils.co.uk) **and we will aim to get back to you as soon as possible.**