

Team Around the Person (TAP) Referral Form

The Team Around the Person (TAP) is a multi-agency team made up of professionals from public and voluntary services that are involved in the care or support that you receive. Along with the TAP Keyworker, the Team's aim is to support you to achieve outcomes and help you to overcome challenges to accessing the help you want or need.

We welcome you to attend the TAP meetings, but if you would rather not, then the professionals are told your views and priorities about the support you receive. We'll ask you to give your aims and objectives below. Your advocate will represent your opinions which will be respected. With your agreement, the TAP Team will begin working towards achieving these outcomes.

To do this, we may need to share your personal information with other service providers in connection with your care, and you have a right to object to the sharing of your information. You need to speak to the person helping you complete this form and tell them your concerns. In certain circumstances your personal information may need to be shared against your wishes if there is a legal requirement for us to do so. For example, where your or any other person's safety may be at risk. If you are unhappy about how we use your personal data, you can complain to the Information Commissioner, who is the independent regulator: <https://ico.org.uk/make-a-complaint>.

Statement of Understanding

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing information about me.
- I understand that personal information about me may be shared with and collected from organisations providing the following services:
 - NHS and other Health Services, including my GP practice
 - Early Intervention Service
 - Adult Services
 - Mental Health Services
 - Education Support Services
 - Voluntary Sector Organisations
 - Housing Providers
 - Police

Should you have any questions about this process or wish to object to the use of your personal information, please contact tap@sheffield.gov.uk or speak to your TAP key worker.

I understand that my information will be shared between relevant organisations. I understand that the information collected about me and my family is recorded and will be securely stored and used only for the purpose of providing services to me. It may also be used for monitoring and auditing to check the quality of services I receive.

I understand the purpose of the TAP and agree to its aims and objectives outlined below. I am aware the Team Around the Person will continue to put me, as the Person, at the centre of the support I receive, and that my views and priorities will be considered when creating the action plan to achieve these aims and objectives.

Name:

Signature: **Date:**

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Personal Details

Please complete all sections marked with *

Name*	
Address*	
D.O.B*	
Email Address	
Tel Number*	
GP Practice, GP name & Address*	

Family Details:

Name	Relation	Telephone number and email address

Referrer Details

Please complete all sections marked with *

Name*	
Job Role*	
Organisation Name & Address*	
Email Address*	
Tel Number	

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REASON FOR REFERRAL

Please provide a summary of the background and current situation:

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Your Aims and Objectives at TAP Meetings

What would you like to achieve from TAP Meetings?

Support Area	Aim/Objective	How important is this to you? (1= high priority, 5 = low priority)
Health and wellbeing		Choose an item.
Feeling safe		Choose an item.
Healthy home		Choose an item.
Purpose		Choose an item.
Living my best life		Choose an item.
Sufficient money		Choose an item.
Independence		Choose an item.

1. **Would you (the individual) like to attend the TAP meetings?** Yes/No (please circle)

2. **Would you (the individual) like a family member/advocate to attend on your behalf?** Yes/No (please circle)
If yes, please provide family member/advocate name and contact details:

Team Around the Person (TAP) Referral Form**Agencies already involved with the person**

Please provide as much information as possible

Named Professional and Job role	Agency	Telephone and email address

Agencies that may need to be involved

Named Professional and Job role	Agency	Telephone and email address

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Concerns

Concern	Yes (Y)	No (N)
Individual involved or a victim of crime/Anti Social Behaviour		
Individual not attending health appointments		
Risky behaviours i.e Substance misuse, lifestyle		
Worklessness/ Finance/ Housing		
Individual affected by domestic abuse		
Individual at risk of homelessness		
Is the individual at risk of exploitation		
Is the individual a carer? Or is the individual being cared by a family/friend		
Is the individual at risk of escalation in statutory services?		
Has the person had 5 or more unplanned hospital admissions in the past 12 months?		
Does the person have a score, on the Frailty Index?		
Does the person have 2 or more long term health conditions, frailty can be 1 of them?		
Are multiple services required for outcomes to be achieved?		

Please use this space to add any additional comments/concerns:

Please send completed referral forms to: TAP@sheffield.gov.uk