

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

Are there any agencies you do not want us to share your information with or obtain additional information from? Please list them here:

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.

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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

Name: **Signature:** **Date:**

Your Aims, Objectives, and Attendance at TAP Meetings

Support Area	Aim/Objective	Details	How important is this to you? (1= high priority, 5 = low priority)
Choose an item.			5
Choose an item.			
Choose an item.			

Agreement for your aims and objectives:

I understand the purpose of the TAP and agree to its aims and objectives outlined above. 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.

I would like/ not like to attend the TAP meetings. I would like _____ to be my advocate at these meetings.

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I am aware that my Key Worker _____ will keep me updated on the completion of actions, aims and objectives and that if I have any questions or concerns regarding the TAP, I can contact the Team Around the Person Co-ordinator _____ at any time throughout this process.

Signed _____

Date: _____

The Team Around the Person (TAP) Referral Form has been designed to identify and document emerging needs and to allow practitioners to consider accessing Multi-Agency TAP meetings/ other services. The referral should be completed with the individual and emailed to TAP@sheffield.gov.uk

Does this individual have capacity to understand the sharing of their information?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (If no, please state reason)
	Reason _____
Does this individual have capacity to consent to attend TAP meeting(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> (If no, please state reason)
(Individual/advocate attendance details are gathered on p3 of form)	Reason _____

DETAILS ABOUT THE PERSON

Name*:

Surname*:

Date of Birth*: / / NHS No: LL No:

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Address*:

Postcode*:

Housing Tenure:

Would the individual like to attend the TAP? If "No" would they like a family member or an advocate to attend ?

Yes

No

Alternative family member or advocate name

If 'Yes' please provide the following:

Telephone No:

E-mail:

FAMILY DETAILS

Please include all family member details and as much information as possible

Surname, Forname/s	DoB	M/F	Relationship to Person

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GP DETAILS

Name:

Role:

Organisation:

E-mail Address:

Telephone:

Please include all known agencies/services that are currently involved with this person.

Organisation	Named Professional	Job Role	Email Address/Phone Number

Please let us know of any services that you feel should be involved that are not included in above:

Organisation	Service Name	Job Role

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REFERRER DETAILS

Name: Role:

Organisation:

E-mail Address:

Telephone:

SYNOPSIS

Please provide summary details of any primary concerns or emerging needs:

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Concern	Yes	No	Summary	Risk 1-10 (1High, 10 Low)
Individual involved or a victim of crime/ASB				
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 hospitalisation or statutory services?				
Are multiple services required for outcomes to be achieved?				

CONCERNS