



out of borough referrals GUIDANCE NOTES

This information sheet sets out everything you need to know if you would like to refer yourself or someone to our facilities.

★ what we offer

A supportive learning environment where creativity is the focal point.

Involvement in a unique, arts based mental health initiative that serves to expand people's social networks and horizons. A supportive learning environment where creativity is the focal point. Members who use Core's facilities report increased self-esteem and confidence as well as new skills and knowledge.

Regular review meetings with your client, yourself and a member of Core staff to assess progress is available if appropriate.

★ membership criteria

To become a member of Core Arts you must have an interest in developing your creative potential, and in addition:

- **at least one recent psychiatric hospital admission**
- **current contact with Mental Health Services**
- **a CPA (Care Plan Approach) supported by either a social worker, keyworker, care co-ordinator or CPN**

We particularly strive to meet the needs of those who may have limited access to other means of support due to layers of discrimination faced in terms of class, financial resources and cultural differences. However, we do not have the resources to accept referrals for people with a serious history of unprovoked violence.

★ fees

These currently stand at £50 per day and entitles a member to all workshops / activities on that day. However, we offer 2 options of payment described below:

OPTION A To agree a maximum number of days a week funding for a person with your borough's funding panel. Core will then invoice per day according to how many days the member actually attends provided it does not exceed the agreed maximum number of days.

For example: 1 person's actual attendance of twice a week for 6 months at £50 pd = £2300

OPTION B To make the appropriate arrangements for a member to pay by Direct Payments. This involves agreeing a maximum number of days per week to be paid from a member's designated account to CoreArts. This must be paid 1 week in advance of membership commencing by standing order only. If you choose this option please ask for our Direct Payments Form.

★ invoicing arrangements

We will invoice your finance department every 3 months.

★ how to make a referral

If you and your client would like to visit Core Arts before pursuing membership further, please phone **020 8533 3500** and ask to speak with the **Membership Co-ordinator** to arrange an appointment. The visit is an opportunity to ask questions, look around the premises and see what we have to offer.

If you wish to make referrals, please complete the enclosed application form. Feel free to photocopy if you require more.

★ further information

Further information about our philosophy and the range and content of creative workshops and classes we run can be found in the enclosed brochure(s) or at **www.corearts.co.uk**

FOR OFFICE USE: DATE RECEIVED



membership application OUT OF BOROUGH REFERRALS

Please complete, sign and bring with you on your first visit, or return to:
Membership, Core Arts, 1 St Barnabas Terrace, Homerton, London E9 6DJ
If you have any queries please call **020 8533 3500**

ALL PARTS OF THIS FORM MARKED WITH AN * MUST BE FILLED IN BEFORE MEMBERSHIP CAN COMMENCE.

★ applicant's details

SURNAME*

FORENAME(S)*

ADDRESS*

POSTCODE*

HOME TEL*

MOBILE TEL*

EMAIL

CURRENT CPA (CARE PLAN APPROACH) LEVEL?* standard enhanced

NB. If you are unsure if you are on a CPA or don't know what level then contact your care co-ordinator/key worker

★ referrer's details

if you are **not** the applicants principle care co-ordinator or key worker then please also complete the next section giving details of those involved in the applicants care.

NAME*

ADDRESS*

POSTCODE*

TEL

EMAIL

JOB TITLE*

RELATIONSHIP TO APPLICANT*

★ details of those involved in your care

Your **care co-ordinator** is the person responsible for co-ordinating your support in the community. They are usually **CPNs** (Community Psychiatric Nurses), **Social Workers** or **Community Support Workers**. If you are unsure of who they are, ask your **GP** or **Psychiatrist**.

NAME*	
ADDRESS*	
POSTCODE*	
TEL*	EMAIL
JOB TITLE*	RELATIONSHIP TO APPLICANT*

★ reason for application

HOW DO YOU PERCEIVE THE BENEFITS IN ATTENDING CORE ARTS?

**SECTIONS 5 AND 6 ARE TO BE COMPLETED BY THOSE INVOLVED IN THE APPLICANT'S CARE.
 SELF REFERRERS PLEASE ASK YOUR CARE COORDINATOR TO FILL THESE SECTIONS IN.**

★ 5 funding details

HAVE YOU SECURED FUNDING FOR YOUR CLIENT'S ATTENDANCE?* yes no

If NO please note that funding must be agreed before membership can commence. Please refer to the Fees section of the guidance notes.

IF YES ARE YOU PAYING VIA:* option a (fill in section 6 below) option b (ask for our Direct Payments form)

FOR HOW MANY DAYS PER WEEK:* 1 2 3 4

FOR HOW MANY MONTHS?*

★ 6 invoice details

CONTACT NAME*

INVOICE ADDRESS*

POSTCODE*

TEL*

FAX*

REFERENCE NO. OR PURCHASE ORDER NO.*

SIGNATURE (CARE CO-ORDINATOR)*

DATE*

★ monitoring details

DATE OF BIRTH*

GENDER*

ETHNIC /CULTURAL ORIGIN*

Asian		Black		White	
Asian British	<input type="checkbox"/>	African	<input type="checkbox"/>	British	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	other White background	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	other Black background	<input type="checkbox"/>		
other Asian background	<input type="checkbox"/>				
Mixed		Other Ethnic Group			
White & Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Polish	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Greek/Cypriot	<input type="checkbox"/>	Turkish/Turkish Cypriot	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
other mixed background	<input type="checkbox"/>	Orthodox Jewish	<input type="checkbox"/>	Ethnic other	<input type="checkbox"/>

ARE YOU CURRENTLY VOLUNTEERING? yes no *If YES please give details*

ARE YOU CURRENTLY DOING ANY COURSES OF TRAINING? yes no *If YES please give details*

ARE YOU CURRENTLY EMPLOYED OR DOING WORK EXPERIENCE? yes no *If YES please give details*

DO YOU HAVE ANY OTHER STRUCTURE/COMMITMENTS (E.G. DAY CENTRE VISITS)? yes no *If YES please give details*

HOW DID YOU HEAR ABOUT CORE ARTS?

terms and conditions*

To be read and signed by the prospective member.

I am aware that the information stated on this form shall remain confidential to staff at Core Arts. I understand that as part of the remit for membership Core Arts must have up-to-date details of my principle care co-ordinator or key worker.

I agree that Core Arts will only contact my care co-ordinator at my request unless they have due concern about my well-being.

SIGNATURE*

DATE*