



Caring for people, caring for plants

Please read the referral pack and include a recent care plan and an up to date risk assessment on applicant.

For further information please contact:

Angela Mansbridge or Julie Govier

Tel: 01202 685999

info@chestnutnursery.org.uk



CHESTNUT NURSERY REFERRAL PROCEDURE



When considering referring a potential volunteer to Chestnut Nursery, referrers should first ensure that the volunteer meets the project's criteria for volunteers. No offer of a place can be made until the completed referral form has been received and a visit completed.

- 1 must have an identifiable mental health problem as the primary diagnosis
- 2 must be able to get to Chestnut Nursery by their own or public transport
- 3 must be able to work without supervision once the task has been fully explained
- 4 must not have complex needs or require continual one-to-one support
- 5 must be entirely free from alcohol and any non-prescribed drugs or other substances during periods of attending, while on outings, or helping at plant sales etc, and must not bring any of these substances on site at any time
- 6 must not have violent, challenging or inappropriate behaviour, or be disruptive or cause distress to other volunteers
- 7 must be able to attend for a minimum of one full day (from 9 am to 3.30 pm)
- 8 must be suitable for a working day based on repetitive routine work
- 9 must be able to work in the nursery
- 10 places cannot be offered to new volunteers who are over their individual retirement age.

Referrers should also ensure that –

- A** The potential volunteer is sufficiently motivated and is ready and willing to come to Chestnut
- B** the volunteer is looking for meaningful occupation, and not a drop-in facility

If the volunteer meets the criteria, the next stage is to complete the referral form then telephone the Nursery to make an appointment for an informal visit. This will take the form of a guided tour from another volunteer at the Nursery followed by an informal interview with Nursery staff. Please note that, for reasons of confidentiality, we only accept postal or hand delivered referral forms.

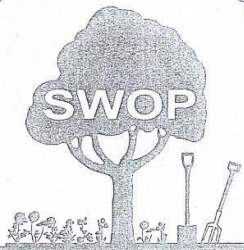
If the potential volunteer is interested, their name will be placed on Chestnut's waiting list and a discussion will take place as to how long they may have to wait for a place at the Nursery.

If a potential volunteer is unsure whether they are interested in attending Chestnut and they would like to see what is on offer, they are welcome just to come for a look around, and then make an appointment at a future date. We are, however, unable to offer an interview to someone who calls in without an appointment.

Before a volunteer can start, we require where applicable and with their permission, a copy of their Care Plan and Risk Assessment (it is useful to have this with the referral). Please note that we cannot take referrals for acute in-patients. We may contact the referrer for more information prior to offering a visit.

Dated: March 2017

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Chestnut Nursery
(a project of SWOP)

75 Kingland Road
Poole
Dorset BH15 1TN

Patrons
Bill Bailey, Rt Hon Richard Drax, MP
Sir Stephen Hammick, OBE, Bart, DL
The Baroness Maddock

Tel: 01202 685999

www.chestnutnursery.org.uk
info@chestnutnursery.org.uk



SHELTERED WORK OPPORTUNITIES PROJECT

REFERRAL FORM	DATE OF REFERRAL.....
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NAME.....
 ADDRESS.....

 POSTCODE.....
 TEL NO.....
 MOBILE NO.....
 DATE OF BIRTH.....
 NAT. INS. NO.....
 EMAIL.....

REFERRED BY.....
 JOB TITLE.....
 ADDRESS.....

 POSTCODE.....
 TEL NO.....
 EMAIL.....

CONSULTANT.....

KEYWORKER.....
 TEL NO.....

OTHER AGENCIES INVOLVED
 SW.....
 TEL. NO.....
 CPN.....
 TEL NO.....
 COMM OT.....
 TEL NO.....
 OTHER.....
 TEL NO.....

GP'S NAME AND SURGERY.....

 POSTCODE.....
 TEL NO.....

CONTACT PERSON / NEXT OF KIN	NAME.....
ADDRESS.....	
POSTCODE.....	TEL.NO.....
	MOBILE.....

Board of Trustees
Chair: Martin Stewart, Sheila Carson,
Suebie Mearns BCM BMM, June Robinson, Viv Williams, Treasurer: Roy Edley FCA, Secretary to the Trustees: A Keighley

BRIEF MEDICAL HISTORY

Any Allergies?

(THE NURSERY STRONGLY ADVISES ALL APPLICANTS HAVE AN UP TO DATE TETANUS VACCINATION)

CURRENT MENTAL STATE

IDENTIFIED RISKS

REASONS FOR REFERRAL

BACKGROUND – INCLUDING QUALIFICATIONS AND WORK EXPERIENCE

CLEAN DRIVING LICENCE YES / NO

VEHICLE OWNER YES / NO

WORK INTEREST/GOALS (and what do you hope to achieve)?

Thank you for providing us with your details. We require these in order to process your referral application. This form will be retained for one year from the date of receipt in the event you do not join us. We will not share your details with anyone else and promise to keep your details safe and secure.