** Enquiry Form**

FAO:

**Your Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Job Title |  | | |
| Phone Number |  | Email Address |  |
| Postal Address |  | | |

**Service User Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service User Initials | | | |  | | | | | | | | | | | | | | | | |
| Age | | | |  | | | | | | | | Gender | | | | | | ­­­­­ | | |
| Current Address or Environment | | | | *e.g. high/medium/low secure hospital* | | | | | | | | | | | | | | | | |
| Primary Diagnosis (please provide as much information as possible) | | | | *e.g. mental health, brain injury, learning disabilities* | | | | | | | | | | | | | | | | |
| Secondary Diagnosis  (if any)­ | | | |  | | | | | | | | | | | | | | | | |
| Does the service user have a physical disability or mobility impairment? If yes, please describe | | | | | | | | | | *e.g. wheelchair user* | | | | | | | | | | |
| Does the service user have any challenging needs? | | | | | | | | | |  | | | | | | | | | | |
| Is the service user subject any of the following sections, (please tick) | | | | | | | | | | | | | | | | | | | | |
| 25a |  | | 37/41 | |  | | | 117 |  | | | | **C**ommunity **T**reatment **O**rder | | | |  | | Subject to MAPPA |  |
| Are you looking to place the client in (please tick) | | | | | | | | | | | | | | | | | | | | |
| Residential Care | |  | | | Semi-Independent Living | | | | | |  | | | Supported Living | |  | | | Domiciliary Care |  |
| Does the service user need a female or male only environment? | | | | | |  | | | | | | | | | | | | | | |
| What is their current fee level? | | | | | |  | | | | | | | | | | | | | | |
| Who is the current funder? | | | | | |  | | | | | | | | | | | | | | |
| Preferred Location(s) for support | | | | | | | | | | | | | | | | | | | | |
| Cardiff | | |  | | | | | | Barry  Vale of Glamorgan | | | | | |  | | | | | |
| Other Location (please state here) | | | | | | |  | | | | | | | | | | | | | |
| Please use the below space to provide any other information about the client | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

**Instructions:**

* Please fill in as much of the above information as possible
* Return via mail to Bluebay House, 5 Ty Nant Court, Morganstown, Cardiff, CF15 8LW or email to [info@gofalcymrucare.com](mailto:info@gofalcymrucare.com)

All information is treated with complete confidentiality

* We will call you to discuss meeting your needs

If you have any questions in the meantime, please call us on 029 20400657

Please tick here if you prefer to be contacted by email ­­