

# “Stepping Stone” Referral Form



## ‘Stepping Stone’ Course Information Sheet

‘Stepping Stone’ is 10 week course for people in recovery who are abstinent/or free from illicit drug use/or problematic alcohol use or anyone involved within Community Justice Services.

The project aims to provide a range of opportunities to support people to increase their confidence, develop new skills and engage in recovery activities which will support people to move forward with their recovery and possibly move into further training, volunteering and/or employment.

The course is being delivered in partnership with Ayrshire College to provide participants with a range of training and support including, **basic / introduction to IT skills, using email & sending files, basic literature / writing skills, confidence building, group work activities, Naloxone training, First Aid and peer support.**

The course will take place Ayrshire College, Ayr Campus, every Monday & Wednesday, 10am – 3pm, from 14<sup>th</sup> January to 20<sup>th</sup> March. Public transport costs to attend the college will be reimbursed where required. Tea, coffee and lunch will also be provided.

Following completion of the 10 week course participants will have the opportunity to undertake volunteering opportunities, access a range of other training courses or consider applying for the ADP Volunteer Peer Worker Project.

Referrals can be made by completing the Referral Form below. Please ensure the participant and the person making the referral sign the form.

Please return the completed form to Stephen McLean. On receipt of the referral form Stephen will call the participant and arrange an initial meeting to discuss the course further.

If you would like further information on the project please call Stephen on 01292 612115 or email [stephen.mclean@south-ayrshire.gov.uk](mailto:stephen.mclean@south-ayrshire.gov.uk)

# “Stepping Stone” Referral Form

## Referral Source

<b>DWP</b>		<b>NHS Addiction Services</b>	
<b>Ayrshire Council on Alcohol</b>		<b>Other (please detail)</b>	
<b>Addaction Recovery Service</b>			

## Participant details

<b>Name:</b>		<b>D.O.B:</b>	
<b>Address:</b>		<b>Email:</b>	
		<b>Tel No:</b>	
<b>Post code:</b>			

Has the person been affected by alcohol or drug misuse?

Yes       No       Not sure

If yes, please provide further details

Does the person have any literacy/numeracy/learning difficulties?

Yes       No       Not sure

If yes, please provide further details

Does the person have health or accessibility requirements?

Yes       No       Not sure

If yes, please provide further details

Are there any concerns or risks we should be aware of?

Yes                       No                       Not sure

If yes, please provide further details

**Please comment on how the person could benefit from the project:**

Thank you for expressing an interest in taking part in the Stepping Stone Course. To allow us to gain a clear understanding of what you would like to gain from the project and the support you may need we may gather and store information from you on a secure database. This information will allow us to record your progress during the course and ensure you are receiving any support you may need.

This information may be used anonymously as part of an evaluation report for the project.

If you are happy and understand the above, then please sign the declaration below. If you are not happy, or if there is anything you do not understand, please ask us for a worker to help.

**Participant's Declaration**

I give consent for a referral to be made on my behalf to the Stepping Stone Course and for my information to be stored on a secured database. I understand that my information will only be stored and used in relation to this project.

Participants Signature: ..... Date: .....

Signature of Person Referring: ..... Date: .....

Tel No: ..... Email: .....

Please return the completed form to Stephen McLean. Stephen [stephen.mclean@south-ayrshire.gov.uk](mailto:stephen.mclean@south-ayrshire.gov.uk) will then call the participant and arrange an initial meeting to discuss the course further.

**FOR INTERNAL MONITORING ONLY.**

Date received: ..... Date first meeting held: ..... Place offered: Yes / No

**If no, please briefly state why:**