



INITIAL REFERRAL FORM (R.F.1)

Please read the referral guidelines before completing the form.

REFERRAL GUIDELINES

Be-link'D Statement of Principle

The Be-link'D is a service provided within the Buchan area which offers free transportation of referred clients to and from appointments. Any clients already registered with Buchan Dial-a-Community Bus on our T4U service will not be eligible to use the Be-link'D service. Once this form has been completed and processed either the referrer or the client can phone or email to book the transport.

1. Referrals will only be processed if received on a referral form R.F.1
 - a) Referrers must state their name, position, office, and contact information in terms of email, office phone number and a mobile number.
 - b) Referrers must state if there are any special requirements for the transportation of clients i.e. does the client have a mobility or physical impairment?
 - c) Referrers should indicate which purposes their client might require transport for.
 - d) Referrers must state if an escort is travelling with the client; please note that we are unable to provide an escort.
2. Referrals must be received at least one (1) working days prior to the date of the travel Monday to Friday. Please note that this is not an emergency service and so prior written/electronic notice is required.
3. Referrals will only be accepted from registered referrers. All information relating to the clients is treated as confidential and will only be discussed as necessary with the Operations Manager in support of the driver and to assist the client.
4. The range of referrals are not limited, except where the resources to the project are not adequate to number and complexity of cases.
5. Once the client has been registered with Be-link'D they will be able to book their own transport directly if preferred.
6. The service will be available Monday to Friday for pick up from 0900 with the last drop off being 1530.

Completed referral forms to be sent to lynda.mcfarlane@dialabus.org.uk. Bookings and informal enquiries can be made by contacting Lynda McFarlane at Buchan Dial-a-Community Bus on 01771 619191 or 07397 270965 or email booking@belinkd.co.uk. Our offices are open 0830 – 1600 Monday to Friday.

At Buchan Dial-a-Community Bus, we are committed to protecting and respecting your privacy. Our Privacy Policy is available in full at <https://dialabus.org.uk/privacy-policy/>. Our policy explains when and why we collect personal information about you, how we use it, the conditions under which we may disclose it to others, how we keep it safe and secure and your rights and choices in relation to your information.

Any questions regarding this policy and our privacy practices should be sent by email to info@dialabus.org.uk or in writing to Buchan Dial-a-Community Bus, Units 7-8 Community Service Centre, Market Street, Maud, Aberdeenshire, AB42 4NH. Alternatively, you can call us on 01771 619191.

For office use only:

Referral Number:		Driver:	
On Flexiroute:		Confirmation Sent:	

PLEASE NOTE: Referrals must be received at least one (1) working day prior to date of first travel and all sections must be completed. Incomplete referrals will be returned.

TO SUPPORT THE COMMUNITY THROUGH THE PROVISION OF COMMUNITY TRANSPORT AND OTHER LINKED SERVICES

Buchan Dial-a-Community Bus is a company limited by guarantee and is recognised as a Scottish Charity.

Units 7 & 8 Community Services Centre, Market Street, Maud, Aberdeenshire AB42 4NH

Company no: 216225

Scottish Charity no: SC031183 01771 619191

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REFERRER INFORMATION

Referrer Organisation and Address:		Referrer Contact Name:	
Office Number:		Mobile Number:	
Email Address:			

CLIENT INFORMATION

Client Name:			
Date of Birth:		Age:	
Address:			
Telephone Number:		Mobile Number:	
Emergency Contact Name:		Relationship:	
Address: (if different from above)			
Telephone Number:		Mobile Number:	
Does the client have any specific requirements or health issues that needs to be considered for transportation? i.e. medications, car sick, mobility issues?			Y/N
Will anyone else be travelling with the client? For example, child(ren), an escort or companion: Please note due to legislation children under 5 cannot travel at this time			Y/N

LIKELY JOURNEY TYPE INFORMATION

Journey Destination:			
Outward: Pick up time		Return: Pick up time	
Employability Services - advice/support with finding work			<input type="checkbox"/>
Work			<input type="checkbox"/>
Work experience, courses, or training			<input type="checkbox"/>
Further or Higher Education (College/University)			<input type="checkbox"/>
Secondary or Primary School			<input type="checkbox"/>
Early Years education – nursery, pre-school			<input type="checkbox"/>
Other Childcare (please specify)			<input type="checkbox"/>
Health & Care Services – appointments			<input type="checkbox"/>
Pharmacy			<input type="checkbox"/>
Shopping (non-food)			<input type="checkbox"/>
Food (shopping/food bank)			<input type="checkbox"/>
Benefits			<input type="checkbox"/>
Housing issues			<input type="checkbox"/>
Support groups			<input type="checkbox"/>
Social activities, leisure			<input type="checkbox"/>
Visiting people in care home or hospital			<input type="checkbox"/>
Volunteering			<input type="checkbox"/>
Supporting family or friends			<input type="checkbox"/>
Sports activities, classes, or clubs			<input type="checkbox"/>
Other: (please specify)			<input type="checkbox"/>

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