

MERU project no: \_\_\_\_\_

(for office use only)



## REQUESTING A PROJECT FROM MERU

- Before applying please check that the young person is eligible for MERU's services. See our acceptance criteria leaflet - also available on our website: [www.meru.org.uk](http://www.meru.org.uk). Alternatively phone us on 020 8770 8286.
- All projects **must** be referred to MERU by or with the support of a relevant health care professional who is working with the young person - e.g. an occupational therapist, speech therapist, physiotherapist or paediatrician.
- MERU will consider the referrer to be responsible for ensuring that the product we make is suitable for the young person in their care.
- To refer a project for consideration by MERU please complete and return this form, **writing clearly and in black ink**. If you require any help please call us on 020 8770 8286.
- It is vital to include as much information as possible. **If essential information is missing, the form will be returned for amendment, causing delays.**
- All projects are considered by our Project Referral Committee before being accepted. They are reviewed on a 'first-come, first-served' basis and each is given a priority score. This ensures each project is included in the appropriate place on our waiting list. Where projects have equal scores, we will generally start work on them on a first-come, first-served basis.

Medical Engineering Resource Unit

8 Damson Way, Orchard Hill  
Carshalton, SM5 4NR

Tel: 020 8770 8286

Fax: 020 8770 8398

email: [info@meru.org.uk](mailto:info@meru.org.uk)

website: [www.meru.org.uk](http://www.meru.org.uk)

**Please note:** As a charity we must use our resources carefully, so we cannot take on any project where a commercial solution is available, i.e. one can be bought. Please check the marketplace carefully before referring - inappropriate referral could mean a longer wait before the young person receives the solution they need.

Do any of the following factors apply to the young person you are referring. These will affect their priority score:

The young person has limited life expectancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The young person is in danger or at risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The young person's human rights are not being met	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The young person is missing out on a valuable life or developmental experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you have answered 'Yes' to any of the above, please provide full details on a separate sheet.**

### 1. INFORMATION ABOUT THE YOUNG PERSON BEING REFERRED Please complete fully

First name(s): \_\_\_\_\_

Home phone: \_\_\_\_\_

Surname: \_\_\_\_\_

Home email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Does the young person have a statement of special

Young person's preferred name: \_\_\_\_\_

educational need? \_\_\_\_\_

Male/female: \_\_\_\_\_

Please describe the young person's disability and any

Language(s) used: \_\_\_\_\_

relevant medical history: \_\_\_\_\_

Home local authority: \_\_\_\_\_

\_\_\_\_\_

Does the young person, their parent or carer give consent

\_\_\_\_\_

to this referral? \_\_\_\_\_

\_\_\_\_\_

Parent/guardian/name(s): \_\_\_\_\_

\_\_\_\_\_

Relationship to young person: \_\_\_\_\_

How does their disability affect them?

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

\_\_\_\_\_

## 2. REFERRER'S INFORMATION

NB All referrals must be made or supported by a relevant health professional. If you are not a health care professional, please indicate who is supporting it and provide a letter or other documentation.

Name of person referring: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Local Authority: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 3. SCHOOL/COLLEGE INFORMATION

Nursery/School/College attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

Local Authority: \_\_\_\_\_

## 4. OTHER RELEVANT PROFESSIONALS INVOLVED WITH THIS YOUNG PERSON

Please include as many as possible and ensure that they are aware of this referral.

### OCCUPATIONAL THERAPIST

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

### PHYSIOTHERAPIST

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

### SPEECH & LANGUAGE THERAPIST

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

### TEACHER

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

Email: \_\_\_\_\_

MEDICAL ENGINEERING RESOURCE UNIT  
Company Limited by Guarantee No. 1214125  
Registered as a Charity, No. 269804



Winners of The Queen's  
Golden Jubilee Award 2003



What would you like the child or young person to be able to achieve? Please use a separate sheet if necessary.

---

---

---

---

---

---

---

---

What solutions/organisations have already been tried/ approached and what were the outcomes?

Please attach any relevant reports/letters

---

---

---

---

---

---

---

---

What equipment will the new product interface with?

Please list:

---

---

---

---

---

---

---

---

If you want us to adapt existing equipment, please specify make and model:

---

---

---

---

---

---

---

---

Where would be the most appropriate venue for an assessment visit to take place?

---

---

---

---

Who will be providing funding for this project?

Please contact us for information on our charging policy

---

---

---

---

## 6. WHAT TO DO NEXT

Please ensure this form has been fully completed

Finally, return the form to MERU:

8 Damson Way, Orchard Hill, Carshalton, SM5 4NR

Tel: 020 8770 8286 Fax: 020 8770 8398

## 7. ETHNIC MONITORING

NB Many of our donors and funders require us to monitor who is using our services, to ensure they are fairly and equally available. Please be so kind as to tick the cultural background of the young person being referred. Thank you.

### WHITE

British  Irish  Other White

### MIXED

White & Asian  White & Black African

White & Black Carribean  Other Mixed

### ASIAN OR ASIAN BRITISH

Bangladeshi  Indian  Pakistani  Other Asian

### BLACK OR BLACK BRITISH

African  Carribean  Other Black

### CHINESE OR OTHER ETHNIC GROUP

Chinese  Any other

These groups are those used in the national census

# For Admin Use Only

## PRC Outcome Form



### PRC outcome:

1. Project accepted (please tick and go to priority scoring below)
2. Project rejected (please enter reason why and action to be taken) \_\_\_\_\_  
\_\_\_\_\_
3. More information is required before decision (please enter action to be taken):  
\_\_\_\_\_

### Priority scoring:

Reason	Possible priority score	Points for <u>this</u> client
Client under two years old	10	
Client has limited life expectancy	10	
Client in danger, at risk or in urgent need	10	
Client's human rights not being met	10	
Project will benefit multiple young people	10	
Client missing out on important life/developmental experience	8	
Client referred by a MERU funder	8	
Project is quick and easy to do	2	
<b>Client's total</b>		

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_