**Leicestershire Cares referral form**

**Date of referral:**

**Participant details**

|  |  |
| --- | --- |
| **Name:** |  |
| **DOB:** |  | **Age:** |  |
| **Gender:**  | [ ]  Female [ ]  Male [ ]  Other [ ]  Rather Not Say  |
| **Address:** |  |
| **Based in:** | [ ]  Leicester city [ ]  Leicestershire [ ]  Rutland |
| **Email:** |  |
| **Phone:** |  |
| **NI Number:** |  |

**Referrer’s details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Email:** |  |
| **Phone:** |  |

**Participant’s situation**

**Employment status:**

[ ]  Employed

[ ]  In education or training

[ ]  NEET or unemployed

[ ]  Not looking for work

**Are they claiming any benefits?** Yes/No (delete as appropriate)

If yes, which benefits are they claiming? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current living situation** (tick all that apply):

[ ]  Living alone

[ ]  Living with partner

[ ]  Living with children

[ ]  Living with parents/carers

[ ]  Living in temporary accommodation

[ ]  Homeless

[ ]  Rough Sleeping

[ ]  Sofa surfing

[ ]  Other (please give brief details):

**Is the participant known to** (tick all that apply):

[ ]  be care experienced

[ ]  have parenting or caring responsibilities

[ ]  be involved in offending

[ ]  be affected by exploitation

[ ]  to be persistently absent or excluded from school/college

[ ]  have any drug or alcohol issues

If yes to any of the above, please give brief details below:

**Participant’s health needs and special requirements**

**Does the participant have any of the following?**

[ ]  Physical health needs

[ ]  Mental health needs

[ ]  Learning difficulties or disabilities

[ ]  Allergies we need to be aware of

[ ]  Access requirements we need to be aware of (e.g. for a disability)

[ ]  Requirements related to religion, disability, age, gender or sexuality that we need to be aware of

If yes to any of the above, please give brief details below:

**Support needs**

**What would your participant like support with?**

[ ]  Benefits and finance

[ ]  Finding work

[ ]  Getting into education/training

[ ]  Housing

[ ]  Life skills

[ ]  Meeting new people/making friends

[ ]  Mental and emotional health

[ ]  Relationships

[ ]  Voice/advocacy support and activities

**Other professionals**

**Please give the details of any other key workers supporting the participant** (e.g. social worker, 16+ worker, probation officer).

**Declarations**

**Referrer:**

I confirm that I have consent from the participant to share their information with Leicestershire Cares.

I confirm that the participant agrees to be contacted by a member of Leicestershire Cares staff.

**Signed:**

**Date:**

**Participant (if possible):**

I confirm that this information is accurate.

I agree that this information can be shared with Leicestershire Cares.

I understand that this information will be stored securely by Leicestershire Cares for up to three years, before being destroyed in line with GDPR.

I give permission for Leicestershire Cares to contact me or other agencies to get further information to assess my suitability for their projects.

**Signed:**

**Date:**

**Thank you for the referral. Please return it to**

**Jacob Brown**

**jacob@leicestershirecares.co.uk**

T: 0116 464 5215

M: 07738 403 732

**Equalities monitoring form**

|  |  |
| --- | --- |
| Name: |  |
| DOB: |  | Age: |  |
| Gender: | [ ]  Female [ ]  Male [ ]  Other [ ]  Rather Not Say  |
| Ethnicity: |  |

Do you identify with the gender you were assigned at birth?
[ ]  Yes           [ ]  No      [ ]  Rather Not Say

Do you consider yourself to have a disability?

[ ]  Yes – Physical Disability

[ ]  Yes – Learning Disability

[ ]  Yes – Multiple Disabilities

[ ]  Yes – Sensory Impairment

[ ]  Yes – Mental Health Issues

[ ]  No Disability

[ ]  Rather Not Say

How would you describe your religion or beliefs?
[ ]  Buddhist

[ ]  Christian

[ ]  Hindu

[ ]  Jewish

[ ]  Muslim

[ ]  Sikh

[ ]  Other (Please state)

[ ]  No Religion or Belief

[ ]  Rather Not Say

How would you describe your sexual orientation?
[ ]  Heterosexual / Straight

[ ]  Gay
[ ]  Lesbian

[ ]  Bisexual
[ ]  Other (Please state)

[ ]  Rather Not Say