

Referral Form



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Participant Details

Name: **DOB:** **Age:**

Gender: Male Female Rather not say Other:

Address:
.....
.....

Based In: Leicester City Leicestershire Rutland

Email:

Phone:

NI Number:

Referrer's Details

Name:

Organisation:

Email:

Phone:

Participant Details

Employment status:

- Employed
- In Education or Training
- NEET or Unemployed
- Not looking for work

Are they claiming any benefits? Yes No

If yes, which benefits are they claiming?
.....
.....
.....

Current living situation (tick all that apply):

- Living alone
- Living with family
- Living with friends
- Living in temporary accommodation/hostel
- Living in care
- Living in student accommodation
- Homeless
- Rough Sleeping
- Sofa surfing
- Other (please give brief details):
.....

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Participant Details

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

- Known to be in temp/unstable accommodation
- 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
- Known to use or deal drugs

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
- Mental and emotional health
- Disclosure Support
- Specific intervention (such as knife crime)

Other Professionals

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

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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**

Siobhan Hirrell
UP-Project Manager

T: 0116 275 6490

M: 07761515130

Email: siobhan@leicestershirecares.co.uk

CJSM: siobhan.hirrell@theupproject.cjism.net

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The UP Project

Risk Assessment Form

This form is to be completed by the referrer only

Is the client you are referring subject to MAPPA? Yes No

If yes to the above, has MAPPA coordination team identified risks? Yes No

Please provide info below

.....

Are there any additional support needs that need to be considered? Yes No

If yes, please provide info below

.....

Are there any restrictions either on licence or from your own observations as to where/who this person can work with? Yes No

If yes, please provide info below

.....

Please provide summary/details of any offence(s) and conviction(s) including dates:

Please include spent and unspent convictions

.....

Is there any substance misuse? Yes No

If yes, please provide info below

.....

Is the participant at risk to themselves or others due to any mental health issues? Yes No

If yes, please provide info below

.....

Is there any other information that we need to make our Employers aware of? Yes No

If yes, please provide info below

.....

Please sign and date below to confirm that you recommend this client to the Wire Project, and to confirm that all risks associated with the client have been identified.

Signed

Date

.....