

**The WIRE & UP Project Referral Form**

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| **Referrer’s Details**Name: Click here to enter text.Organisation**:**  **NPS HMP Leicester Job Centre DLNR CRC Police IOM PIOM** [ ] [ ] [ ] [ ] [ ] [ ] [ ]  **Engage Turning Point Prevent Other (Please State)** [ ] [ ] [ ] [ ]  Click here to enter text.Email: Click here to enter text. Contact Number: Click here to enter text.Date of referral: Click here to enter text.Which project would you like to refer your client to?Wire Project [ ]  UP Project [ ]  |
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|  | **Client’s Details**Name: Click here to enter text. DOB: Click here to enter text. Contact Address: Click here to enter text. Email Address: Click here to enter text.Contact Number: Click here to enter text. National Insurance No: Click here to enter text. Preferred Method of Contact: Select contact methodDoes client have a CV? If so, please attach if possible: Yes [ ]  No [ ] Has client participated in The Wire Project previously? Yes [ ]  No [ ]   |  |
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|  | **Where Your Client Needs Help or Support***Please tick the areas you feel your client will need help or support with.*[ ] CV building [ ]  Time Keeping [ ] Applying for Jobs [ ]  Confidence [ ] Interview Skills [ ]  Motivation[ ] Access to Education/Training [ ]  Work Experience[ ] Money Management [ ]  Advice around Disclosure’s[ ] Personal Hygiene  |  |
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**Please explain to the Service User they must meet the following criteria:**

Are you satisfied the client is:

**Motivated to progress/change?** Yes [ ]  No [ ]

**Motivated to work/gain work experience?** Yes [ ]  No [ ]

**Drug free/has no issues around substance misuse?** Yes [ ]  No [ ]

Are they on methadone or script? Yes [ ]  No [ ]

Have they completed or taking part in drug/alcohol rehab programme? Yes [ ]  No [ ]

If yes to drugs/alcohol rehab programme question, please give details:

Click here to enter text.

Does the client have the ability to follow a Code of Conduct? Yes [ ]  No [ ]

Do they understand the importance of being punctual, presentable, motivated and committed?

 Yes [ ]  No [ ]

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| **Health Details & Special Needs or Requirements**Does the client have any of the following:  Physical health needs Yes [ ]  No [ ]  Mental health issues Yes ☐ No ☐Learning difficulties Yes ☐ No ☐Does the client suffer from any allergies? Yes ☐ No ☐**If yes to any of the above, please give details:**Click here to enter text.**Are there any specific requirements related to religion, disability, age, gender or sexuality that we should be aware of?** Yes ☐ No ☐Please include anything we can do to make your interview with us more accessible.Click here to enter text. |
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**Help Your Client Already Receives**
Please give the name and contact details of Probation Officer, YOS Worker and/or any other supporting agencies.

Click here to enter text.

Are there any pending court cases/charges? Yes [ ]  No [ ]

**DECLARATION**

 **REFERRER**

In my opinion this applicant is to be recommended to Leicestershire Cares to be considered for a mentored work placement. (Can be signed or typed)

Signed: Click here to enter text. Date: Click here to enter text.
(Can be signed or typed)

**APPLICANT**By signing this form, I agree to the following:
- I confirm the information given in this referral form is true and correct. I agree to give consent for Leicestershire Cares to obtain Risk Assessment information.

- I agree that the contents of this form and any unspent convictions, can be disclosed to Leicestershire Cares.

- I give permission for Leicestershire Cares to speak to relevant agencies to gain confidential information that is relevant to me attaining a work placement, further education, training and employment.

- I understand and agree that my information will be stored on file for up to 3 years before being destroyed in line with GDPR.

Signed: Click here to enter text. Date: Click here to enter text.
(Can be signed or typed)

 **Thank you for the Referral**

Please return to Rudi Parra-Watson, Wire Project Development Officer

Via e-mail: **rudi@leicestershirecares.co.uk**Via CJSM: **rudi.parra-watson@leicestershirecares.cjsm.net**Contact Number: 07748932386

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42 Tower Street, Leicester, LE1 6WT
T: 0116 275 6490    [www.leicestershirecares.co.uk](http://www.leicestershirecares.co.uk/)     [Follow us on Twitter](https://twitter.com/leicscares)

**The WIRE & UP Project**

**Risk Assessment Form**

 **This form is to be completed by referrer only**

**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 to the above, please provide more information:**Click here to enter text.

**Does the client have any MAPPA arrangements?**
Yes ☐ No ☐ (If yes, please provide info below)Click here to enter text.

**Please provide summary/details of any offence(s) and conviction(s) including dates:**(Please include spent and unspent convictions)Click here to enter text.

**Is there any substance misuse?**Yes [ ]  No [ ]  (If yes, please provide info below)Click here to enter text.

**Is the client at risk to themselves or others due to any mental health issues?**Yes [ ]  No [ ]  (If yes, please provide info below)Click here to enter text.

 **Are there any risks or restrictions that we need to make our Employers aware of?**Click here to enter text.

**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: Click here to enter text. Date: Click here to enter text.