

**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 method  Does 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**](mailto:rudi@leicestershirecares.co.uk)Via CJSM: [**rudi.parra-watson@leicestershirecares.cjsm.net**](mailto:rudi.parra-watson@leicestershirecares.cjsm.net)Contact Number: 07748932386  
  
Address: Leicestershire Cares Ltd.  
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**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.