**Welcome to change, grow, live**

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| **Referral Form**  |
| Are you completing this for referral for yourself? 🞏 Yes 🞏 NoHave you ever received support from this service before? 🞏 Yes 🞏 No |
| What would you like to achieve by engaging with us? | Date of referral: |
| How did you hear about the service? |
| 🞏A&E advertisement🞏CGL website🞏Directory🞏Employment service 🞏Event🞏Family member or friend  | 🞏Leaflet, flyer, poster, business card🞏Medical professional 🞏News article🞏Online search🞏Partner agency 🞏Police/probation/court referral | 🞏Prison🞏Radio🞏Social media 🞏Social services 🞏Staff member |
| 🞏 Mr🞏 Mrs 🞏 Miss🞏 Ms Other: | First name: | D.O.B: |
| Surname: | Age: |
| Address and Postcode | Telephone number: |
| Mobile number: |
| NHS Number: |
| Email address: |
| **Gender:**What gender do you currently identify as? 🞏 Male 🞏 Female🞏 Prefer not to sayIf you prefer to use your own term please provide it here:  | **Relationship:**🞏 Single 🞏 With a partner 🞏 Married 🞏 Separated 🞏 Widowed 🞏 Divorced 🞏 Civil Partnership 🞏 If you prefer to use your own term please provide it here:  | **Sexual Orientation:**🞏 Gay Women/Lesbian 🞏 Gay Man🞏 Bisexual 🞏 Heterosexual🞏 Unsure🞏 Prefer not to sayIf you prefer to use your own term please provide it here:  |
| **Nationality:** *(based on top 10 nationalities as identified by ONS)* |
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| 🞏 British 🞏 Polish🞏 Indian 🞏 Irish  |

 | 🞏 Romanian 🞏 Portuguese 🞏 Italian 🞏 Pakistani  | 🞏 Lithuanian 🞏 French 🞏 American 🞏 If other please provide details: |
| **Ethnic Origin:**🞏 White British 🞏 White Irish 🞏 Other White 🞏 White & Black 🞏 Caribbean 🞏 White & Black African  | 🞏 White & Asian 🞏 Asian/Asian British Indian 🞏 Asian/Asian British Pakistani 🞏 Asian/Asian British Bangladeshi 🞏 Asian/Asian British Other 🞏 Other Mixed  | 🞏 Black/Black British Caribbean🞏 Black/Black British African🞏 Other – Chinese 🞏 Traveller/Gypsy 🞏 Other If other please provide details: |
| **Religion:** 🞏 Baha’i 🞏 Buddhist 🞏 Christian | 🞏 Hindu 🞏 Jain 🞏 Jewish🞏 Muslim  | 🞏 Pagan🞏 Sikh 🞏 Zoroastrian 🞏 Other  | 🞏 None🞏 Prefers not to say🞏 Unknown |

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| **Language:**Do you require an interpreter? 🞏 Yes 🞏 NoDo you require support through a British Sign Language Interpreter? 🞏 Yes 🞏 No |
| **Disability:**Do you consider yourself to have a disability? 🞏 Yes 🞏 No If yes please provide details: |
| **Employment Status:**🞏 Regular employment 🞏 Student 🞏 Unpaid work (voluntary) 🞏 Homemaker 🞏 Retired  | 🞏 Long term illness 🞏 Ex Armed Services 🞏 Current Armed Services 🞏 Unemployed (receiving no benefits) 🞏 Unemployed (seeking work)🞏 Other  | **Accommodation Status:**🞏 Problem with Housing🞏 No housing problem🞏 HomelessPlease provide details: |
| **Time since last paid employment:**🞏 Less than 1 year 🞏 1 – 2 years  | 🞏 2- 3 years 🞏 Currently employed 🞏 Prefer not to say 🞏 3+ years 🞏 Never employed  |
| **Smoking Status:**🞏 Current 🞏 Previous 🞏 Never  | Currently pregnant: 🞏 Yes 🞏 No 🞏 Unsure Partner currently pregnant: 🞏 Yes 🞏 No 🞏 Unsure  |
| Next of Kin: (we will only contact this person in a case of an emergency)Do you consent to us sharing information with this person? 🞏 Yes 🞏 No |

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| **Drug and/or Alcohol Use** |
| Main substance of choice: Age First Used:How do you use: 🞏Inject 🞏Sniff 🞏Smoke 🞏Oral 🞏Other How often do you use? How much do you use?How much do you spend a week on this substance? |
| Second substance of choice: Age First Used:How do you use: 🞏Inject 🞏Sniff 🞏Smoke 🞏Oral 🞏Other How often do you use? How much do you use?How much do you spend a week on this substance?  |
| Third substance of choice: Age First Used:How do you use: 🞏Inject 🞏Sniff 🞏Smoke 🞏Oral 🞏Other How often do you use? How much do you use?How much do you spend a week on this substance? |
| Do you use Novel Psychoactive Substances (Legal/Illegal Highs)🞏 Yes 🞏 No 🞏 PreviouslyIf yes please list: | Do you use any volatile substances? (Gas, Glue, Aerosols)🞏 Yes🞏 No🞏 Previously If yes please list: |
| Do you use Steroids or any other image/performance enhancing drugs? 🞏 Yes 🞏 No 🞏 PreviouslyIf yes please list: | Do you use any over the counter medications (such as Co-codamol, Paracetamol)? 🞏 Yes 🞏 No 🞏 PreviouslyIf yes please list: |
| **Injecting:**Have you ever injected drugs: 🞏 Never injected 🞏 Previously injected 🞏 Currently inject **If you have previously injected drugs:**At what age did you first inject?Have you injected in the last 28 days? 🞏 Yes 🞏 NoHave you ever shared injecting equipment? 🞏 Yes 🞏 NoHave you shared injecting equipment in last 28 days? 🞏 Yes 🞏 NoHave you ever allowed someone else to inject you? 🞏 Yes 🞏 No |
| **Criminal Justice:****Are you currently working with Criminal Justice Services (e.g. Police, National Probation Service, Community Rehabilitation Companies, Prisons)?** 🞏 Yes 🞏 No **If no please go to next section ‘Referrer details.’****If yes, what prompted the contact?**🞏 Required Assessment Imposed Following Positive Drug Test 🞏 Conditional Cautioning 🞏 Pre-Sentence Report🞏 Required by Offender Management Scheme🞏 DRR/ATR 🞏 Restriction On Bail 🞏 Voluntary – Following Release From Prison 🞏 Voluntary – Following Cell Sweep 🞏 Voluntary – Other 🞏 Following Referral by Treatment Provider (Post Treatment) 🞏 Rehabilitation Activity Requirement (RAR) 🞏 Integrated Offender Management (IOM) 🞏 Multi-agency Public Protection Arrangements (MAPPA) 🞏 Other  |
| **What is offence and date of the offence that prompted your contact with criminal justice services?** **If you have recently been released from prison, what date were you released and from which prison?** |
| **If you are completing this form for yourself you don’t need to do this section:** **Referrer details:**Name and job title:Agency:Preferred means of contact:Does the person know you are referring them? 🞏 Yes 🞏 NoDo they want to be referred? 🞏 Yes 🞏 NoWould you like feedback on the outcome of this referral? 🞏 Yes 🞏 No |