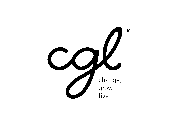
**Welcome to change, grow, live**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral Form** | | | | | | | | |
| Are you completing this for referral for yourself? 🞏 Yes 🞏 No  Have 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 say  If 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 say  If you prefer to use your own term please provide it here: | | |
| **Nationality:** *(based on top 10 nationalities as identified by ONS)* | | | | | | | | |
| |  | | --- | | 🞏 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Language:**  Do you require an interpreter? 🞏 Yes 🞏 No  Do 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  🞏 Homeless  Please 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 | | | |

|  |  |
| --- | --- |
| **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  🞏 Previously  If 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  🞏 Previously  If yes please list: | Do you use any over the counter medications (such as Co-codamol, Paracetamol)?  🞏 Yes  🞏 No  🞏 Previously  If 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 🞏 No  Have you ever shared injecting equipment? 🞏 Yes 🞏 No  Have you shared injecting equipment in last 28 days? 🞏 Yes 🞏 No  Have 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 🞏 No  Do they want to be referred? 🞏 Yes 🞏 No  Would you like feedback on the outcome of this referral? 🞏 Yes 🞏 No | |