**PLIAS Resettlement**

# REFERRAL FORM

To be completed by the Key Worker. Please complete where possible ALL sections of this form. This information is required to process the application for employment, training and education support and to collect data for funding evaluation and monitoring purposes. This form is Confidential.

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| --- |
| 1. **Personal details**
 |
| Surname:   | Title:  |
| First names:  | Date of birth:  |
| Telephone number:  |  Gender:  **[ ]** Male[ ]  Female [ ]  Transgender |
| Email: |
| Address with Postcode: |
| **Ethnic origin:** (tick one box only) |
| **White** **[ ]**  British [ ]  Irish [ ]  Other**Mixed**[ ]  White & Black Caribbean [ ]  White & Black African [ ]  White & Asian [ ]  Other | **Asian or Asian British**[ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Other Black or Black British**[ ]**  Caribbean [ ]  African [ ]  Arab [ ]  Other  | **Other Ethnic Group****[ ]** Chinese [ ]  Arab [ ]  Other**Not Obtained** **[ ]** Refused to State[ ]  Unable to Choose  |
| Is the client receiving any of the following benefits?**[ ]** Jobseekers Allowance **[ ]** Employment Support Allowance **[ ]** Housing Benefit **[ ]** Income Support **[ ]** Disability Living Allowance **[ ]** None**[ ]** Other (Please specify)**:** |
| **2. Key Worker details** |
| Name:  | Organisation:  |
| Contact number:  | Email: |
|  |
| **3: Health** |
| Please describe any physical health problems that may affect employment: |
| Please describe any mental health problems that may affect employment: |
| Does the client have a problem with drugs and/or alcohol?[ ]  Yes **[ ]** No If yes, please specify:If yes, is the client receiving specialist support? [ ]  Yes **[ ]** NoIf yes, please specify: |
| **4. Convictions** |
| Does this person have a criminal conviction? [ ]  Yes **[ ]** NoPlease give details:Does this person have any of the following offenses? (please tick all that apply):Known to MAPPA (Multi-Agency Public Protection Arrangements)? [ ]  Yes **[ ]** No

|  |  |
| --- | --- |
| [ ]  Sexual Offenses [ ]  Arson[ ]  Rape[ ]  Crimes against children | [ ]  Kidnap[ ]  Murder[ ]  Terrorism |

Known to IOM (Integrated Offender Management)? [ ]  Yes **[ ]** No |
| 5. Risk |
| Do you have a completed risk assessment for the client? [ ]  Yes [ ]  NoAre there any risk factors we need to be aware of in the following areas? (please tick all that apply):

|  |  |
| --- | --- |
| [ ]  Reoffending[ ]  Homelessness[ ]  Domestic abuse | [ ]  Self-neglect / vulnerability[ ]  Substance misuse[ ]  self-harm /suicide |

Has the client been referred to any other support services? [ ]  Yes **[ ]** NoPlease specify: |
| 6: Referral details |
| Has the client engaged with PLIAS before? [ ]  Yes **[ ]** No |
| What support is the client looking for? |
| Referrer’s name: | Date: |