**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 No  If yes, please specify: | | | | | |
| **4. Convictions** | | | | | |
| Does this person have a criminal conviction?  Yes No  Please 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  No Are 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 No  Please specify: | | | | | |
| 6: Referral details | | | | | |
| Has the client engaged with PLIAS before?  Yes No | | | | | |
| What support is the client looking for? | | | | | |
| Referrer’s name: | | Date: | | | |