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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | |  | | | | | **Age** | | | **DOB** | | | | **Ethnicity** | | | | **Release Date** | |  | |
|  | | | | |  | | |  | | | |  | | | |  | |  | |
| **Address**  (inc. postcode) | |  | | | | | | | | | | | | | | | | | | | |
| **Phone Number** | | Home | |  | | | | | | | Mobile | |  | | | | | | | | |
| **Disabled** | | YES | | |  | | | | | NO | | | | |  | | | | | | |
| **If yes please describe the disability/health needs and what adjustments we need to make to support the individual** | |  | | | | | | | | | | | | | | | | | | | |
| **Referrer Provider** | |  | | | | Referrer Name |  | | | | | | | | | Referrer Job Title | | |  | | |
| **Referrer Phone** | | Office | |  | | | Mobile | | | | | | |  | | | | | | | |
| **Referrer Email address** | |  | | | | | | | | | | | | | | | | | | | |
| **Please identify relevant issues client needs support with:** | | | | | | | | | | | | | | | | | | | | | |
| Gang exit | |  | Employment/Education/Training (ETE) | | | | |  | Finance/debt | | | | |  | | | Relationships | | | |  |
| Support for family | |  | Attitude and life skills | | | | |  | Health (mental and physical) | | | | |  | | | Prison release | | | |  |
| Gang prevention | |  | Accommodation | | | | |  | Substance Misuse | | | | |  | | |  | | | |  |
| **Please give any details relevant to those issues identified above** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Please state main reason for referral** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Desired outcome(s) of referral** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Motivation to Engage** | | | | | | | | | | | | | | | | | | | | | |
| **Highly Motivated** □ **Moderately Motivated** □ **Unmotivated** □ | | | | | | | | | | | | | | | | | | | | | |
| **Risk information** | | | | | | | | | | | | | | | | | | | | | |
| **Risk status (please tick all applicable)** **Low Risk** □ **Medium Risk** □ **High Risk** □ | | | | | | | | | | | | | | | | | | | | | |
| **Self** □  **Public** □ **Children** □ **Staff** □ **Women** □ **Other** □ | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Signed: Referrer** |  | | | | | | | | | | | **Date:** | | | | | | | | | |

**Please attach any additional information that you feel is relevant – this will enable the fastest possible response to your referral (additional sheets are welcome).**

* **Email referral to** [**walthamforestgpp@cgl.org.uk**](mailto:walthamforestgpp@cgl.org.uk)

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