|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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**

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