**Send completed form to: referrals@anawim.co.uk**

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| **Client Name**  |  | **D.O.B** |  |
| **Address** |  |
| **Mobile** |  | **Email** |  |
|  |  | **Yes** | **No** |
| **Have you attended Anawim in the past?** |  |  |
| **Are you currently on probation?** |  |  |
| **Are you a care leaver?** |  |  |
| **Do you care for a dependent adult?** |  |  |
| **Is it safe to contact at this address/ telephone number** |  |  |
| **How and when is it best to contact you?**  |
| **Emergency contact details** |
| please provide details of someone we can contact in case of emergency: |
| **Contact Name**  |  |
| **Relationship** |  |
| **Mobile** |  |

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| **ETHNICITY** |
| **White British**  |  | **Bangladeshi**  |  | **Black Caribbean**  |  | **Mixed White/ Asian**  |  |
| **White Irish**  |  |  **Indian** |  | **Black African**  |  | **Mixed White/ Black**  |  |
| **White European** |  | **Pakistani**  |  | **Black other**  |  | **Mixed Other**  |  |
| **White other**  |  | **Chinese** |  | **Black British** |  | **Prefer not to say:** |  |
| **Other *Please state:*** |  |
| **RELIGION** |
| **Catholic** |  | **Christian** |  | **Buddhist** |  | **Hindu** |  |
| **Muslim** |  | **Sikh** |  | **No Religion** |  | **Prefer not to say:** |  |
| **Other (please state):** |  |
| **Do you identify as:** |
| **Female** |  | **Transgender** |  | **Transitioning** |  | **Non-Binary**  |  |
| **Prefer not to Say** |  | **Other (please state)** |  |
| **Would you like to specify your preferred pronouns?** | **------------------------------------------------------------------------------------------** |
| **SEXUALITY** |
| **Asexual** |  | **Bisexual** |  | **Gay** |  | **Pansexual**  |  |
| **Prefer not to say** |  | **Straight** |  | **Prefer not to say** |  |  |
| **Other (please state):** |  |  |  |  |

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| **Do you have any children?**  |  **Yes** | **No** |
| **Are you a lone parent?** | **Yes** | **No** |
| **Name of Child** | **D.O.B** | **Is the Child Subject to a Child in Need plan** | **Is the Child Subject to a Child Protection plan** | **Living with you** | **Living Else****where** | **In Care** | **If school age/ nursery age which school/nursery do they attend?** |
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| **If Child is Subject to either of the above plan’s, please detail particulars of their plan** |
|  |
| **Accommodation Type** |
| Home Owner | Refuge | Hotel | Hostel |
| Homeless/Sofa Surfing | Living with Parents | Shared Accommodation | Bail Hostel |
| Council House | Housing Association | Supported Accommodation | Private Rented |

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| **Details of Client Needs – Please tick as appropriate** |
| ***ABUSE*** | ***ACCOMMODATION*** | ***HEALTH*** | ***RELATIONSHIPS*** |
| Domestic Abuse |  | Unsafe Housing (DA) |  | Mental Health Issues |  | Family Relationships |  |
| Emotional Abuse |  | Unstably Housed |  | Physical Health |  | Social Relationships |  |
| Financial Abuse |  | Homeless – Sofa Surfing |  | Problematic Alcohol Use |  | Intimate Relationships |  |
| Physical Abuse |  | Homeless – Sleeping Rough |  | Recreational Alcohol Use |  | ***OTHER*** |
| Sexual Abuse |  | ***SKILLS & EMPLOYMENT*** | Problematic Drug Use |  | Legal Support |  |
| Abuse Other |  | Emotional Skills |  | Recreational Drug Use |  | Criminal Justice Involvement |  |
| Childhood Abuse |  | Education Support |  | Self-Harm |  | Finance |  |
| Childhood Neglect |  | Social Skills |  | Bereavement |  | Immigration |  |
| Childhood Sexual Abuse |  | Confidence |  | Counselling |  | Parenting |  |
| Trafficking |  | Life Skills |  | Learning Disabilities/difficulties |  |  |  |
| Sex working |  | Employment |  | Physical disabilities |  |  |  |
| **Please give further details for reason for the referral. Provide as much detail as possible continuing on a separate sheet if needed.** |
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| **anawim risk assessment** |
| **Risk** | **Current** | **Historic** |
| **Risk of violence, harm to others** |  |  |
| **Risk of suicide** |  |  |
| **Risk of self-harm** |  |  |
| **Risk to staff** |  |  |
| **Mental health Issues** |  |  |
| **Convictions against children** |  |  |
| **Risk of Domestic Violence** |  |  |
| **Sex working** |  |  |
| **Blood-bourne diseases –** *Please specify and detail treatment and medication.* |  |  |
| **Domestic Violence:** |
| **name of Person causing abuse** |  |
| **RELATIONSHIP OF PERSON CAUSING ABUSE** |  |
| **do you still have contact with this person?** |  |
| **ANY OTHER RISK FACTORS** |
| **If risk has been identified and are current, how will these be managed?****Are there any other identified areas of risk? Please detail:****Are you subject to any current criminal proceedings?*****If involved with CJS, Please give arresting offence and outcome***  |
| **Referrer Details: \*\*\*\*\*Referrals cannot be accepted unless all of referrers details are completed\*\*\*\*\*\*** |
| **If Self referring, how did you hear about Anawim:** |  |
| **Referral Agency:**  |  |
| **Name and Contact Details of referrer:** |  |
| **Referrer’s Signature:**   |  |
| I give consent for this referral to be made to Anawim and for my data to be stored. | ***Please note: we cannot process a referral without this.*****Client Signature:** |

***Please note: after referral we will conduct an initial assessment to identify whether Anawim is the right service for you and how we can help.***