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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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):** |  |  |  |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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?** | | | |
|  |  | |  |  | |  |  |  |  | | | |
|  |  | |  |  | |  |  |  |  | | | |
|  |  | |  |  | |  |  |  |  | | | |
|  |  | |  |  | |  |  |  |  | | | |
|  |  | |  |  | |  |  |  |  | | | |
| **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 | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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.** | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.***