REACHING COMMUNITIES PROJECT

Engagement Form

Name of person making referral;

Contact details;

Please return to leeds@togetherwomen.org

Contact details			
Title:	**First Name:**	**Surname:**	**Date of Birth:**
Address:			
Postcode:		**Contact Details:**	

I want support to:					
Improve my health	☐	Improve my parenting skills	☐	Increase my confidence	☐
Take part in education or training	☐	Obtain a volunteering role	☐	Better manage my money	☐
Prepare for employment	☐	Increase my participation in community activities	☐	Improve my personal safety	☐

Dependents		
Full Name	**Gender**	**Dates of Birth**

Diversity Details					
I would describe my ethnic origin as:					
White British	☐	White Irish	☐	Gypsy or Irish Traveller	☐
Mixed ethnic background	☐	Asian - Indian	☐	Asian - Pakistani	☐
Asian - Bangladeshi	☐	Asian - Chinese	☐	Asian – any other background	☐
African	☐	Caribbean	☐	Any other Black/African/Carribean	☐
Arab	☐	Other: _____	☐	Do not wish to answer	☐
I would describe my sexuality as:					
Heterosexual ☐		Bisexual ☐		Lesbian ☐	I do not wish to answer ☐

I would describe my religion as:			
Name:		None ☐	I do not wish to answer ☐
Do you class yourself as having a disability or special needs?	Yes ☐	No ☐	I do not wish to answer ☐
If yes please give details below:			

Are there any agencies already providing you with support?
Agency:
Worker:
Would you like us to contact them: Yes ☐ No ☐

Information sharing. Are you the referring agency?
Is there any risk associated e.g. self-harm or harm to others

The information you give on this form will be held in confidence.