Women’s Centre Referral Form - Somerset v.2.0

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| **Information about you** |
| Surname\* |       | Forenames\*  | Today’s date\*  |
| Date of birth\* |       | Gender\* | Sexual orientation\*  |
| Civil status\*  |  | Nationality\* | Language\*  |
| NHS Number\* |  | NI Number  | Religion\*  |
| Employment status\* |  |
| Address\* (including postcode)  | (Please tick box if appropriate) [ ]  No Fixed Abode |
| Type of address | Permanent [ ]  Hostel [ ]  Sofa surfing [ ]  Staying with friends & family [ ]  Prison [ ]  Move on address [ ]  Other [ ]  if other, please specify       |
| CorrespondenceAddress  | (If different)  |
| Landline & mobile\* |  | Email  |
| Any children or dependents? | No. of children under 18       | No. children living: at home      in care       family member       Other       |
| Next of Kin\* |       Relationship:       Contact no:       |
| Do you have a disability?\* | Yes [ ] No [ ]  | Nature of disability:       | Mobility problems? Yes [ ] No [ ]  |
| Do you have a learning difficulty? | Reading [ ]  Writing [ ]  Learning new skills [ ]  Understanding complex information [ ]  |
| Any cultural or religious needs?  |       |
| **Tell us about your ethnicity** |
| **White** | White British [ ]  | White Irish [ ]  | Any Other White [ ]  |
| **Black/Black British** | Caribbean [ ]  | African [ ]  | Any Other Black [ ]  |
| **Asian/British Asian** | Asian-Bangladeshi [ ]  | Asian-Pakistani [ ]  | Asian-Indian [ ]  | Any Other Asian [ ]  |
| **Mixed** | White & Black Caribbean [ ]  | White & Black African [ ]  | White & Asian [ ]  | Any Other Mixed[ ]  |
| **Chinese** | [ ]  |
| **Any other ethnic group**  | [ ]  |
| **Not stated** | [ ]  |
| **Would it be OK for us to contact you, tick all that apply** |
|  Call mobile [ ]  | Text mobile [ ]  | Call landline [ ]  | Visit you at home [ ]  | Write to you [ ]  |
| Is it OK to say we are from the Women’s Centre?       |
| What is your GP Surgery?       | Are you currently/have you had support for a mental health issue? Yes [ ]  No[ ]  | If you had support in the last 2 years, what was it for and who was it from?       |
| **Who is the referrer to the service?** |
| Referrer’s Name       | Referrer’s Organisation  |
| Address (including postcode)  |  |
| Landline & mobile |  | Email  |
| **Needs identified** |
| Accommodation [ ]  Please tell us more       |
| Finances [ ]  Please tell us more       |
| Employment, Training & Education [ ]  Please tell us more       |
| Health [ ]  Please tell us more       |
| Children, Families & Relationships [ ]  Please tell us more       |
| Attitudes, Thinking & Behaviour [ ]  Please tell us more       |
| Drugs & Alcohol [ ]  Please tell us more       |
| Abuse, Rape & Domestic Abuse [ ]  Please tell us more       |
| Involvement in Sex Working [ ]  Please tell us more       |
| Please tell us any additional information  |
| **Criminal Justice Involvement l** |
| Are you currently involved in the criminal justice system? Yes [ ]  No [ ]  If not, go to ‘Other’ section in page 5 |
| **Probation (please provide all the information below, gaps in information will delay the referral)** |
| CRC [ ]  | NPS [ ]  | **CRN Number\*** | **Date NSI created\*** |
| ***Tick all that apply*** | ***Date imposed*** | ***End Date*** | ***Total No. days*** | ***Nelson Trust days*** |
| RAR | [ ]  |       |       |       |       |
| ATR | [ ]  |       |       |       |       |
| DRR | [ ]  |       |       |       |       |
| Community Order | [ ]  |       |       |       |       |
| Suspended Sentence | [ ]  |       |       |       |       |
| Fine | [ ]  |       |       |       |       |
| On License | [ ]  |       |       |       |       |
| Unpaid work | [ ]  | Total No. hours       |
| Other | [ ]  | Please specify       |

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| Number of previous convictions       | IOM [ ]  | Public protection [ ]  |
| ***Offender Manager’s Name***       | Area  |
| Landline & mobile  | Email  |
| **Prison** |
| Prison Establishment       |
| ***Tick all that apply*** | ***Reception Date*** | ***Release Date*** |  |
| On Remand | [ ]  |       |       |
| Sentenced  | [ ]  |       |       | ***HDC Date*** |
| Under 12 months [ ]  | Over 12 months [ ]  | Sentence Exact length  |
| Post Sentence  | [ ]  | Start date       | End Date       |
| Upcoming Court Details  |
| **Criminal Justice Involvement ll** |
| **Police (tick all that apply)** |
| On Bail [ ]   | Conditional Caution [ ]    | SWOP Referral [ ]   | Other [ ]  please give details  |

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| **Other** |
| Have you ever been convicted of an offence against a person under 18? Yes [ ]  No [ ]  If yes, please give details       |
| Have you ever been convicted of arson? Yes [ ]  No [ ]  If yes, please give details       |
| Please note any other risks that NT Women’s Centre staff should be aware of       |
| **Please list any other agencies involved** |
| Which agencies is the woman being referred involved with?       |

Thank you for your referral, to help us process it quickly please check you have answered all questions, especially those with an \*. If you have any queries please call us on 07793365509 and we will be happy to help. Send us your referral via:

**Email** somerset.info@nelsontrust.cjsm.net

**Postal** Head Office, The Nelson Trust Women’s Centre, 1 Brunswick Square, Gloucester, GL1 1UG