Women’s Centre Referral Form - Somerset v.2.0

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | | | | | | | | | | | |
| Correspondence  Address | | | (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 | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:somerset.info@nelsontrust.cjsm.net)

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