****Kairos WWT, All Saints Church (St Margaret’s), 50 Walsgrave Road, Coventry CV2 4EB - 02476 559 550

**ReFERRAL/REGISTRATIOn Form: COnfidential**

Please fill in this form with as much information as you have available to you.

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| **Client First Name:** |  | | | **Contact number:** | |  |
| **Surname:** |  | | | **Address:** | |  |
| **Nickname/Given Name:** |  | | |
| **Date of Birth:** |  | | |
| **Emergency contact name:** |  | | | **Emergency contact relationship to service user:** | |  |
| **Emergency contact number:** |  | | |
| **Name of Referrer:** |  | | | **Organisation (If applicable):** | |  |
| **Contact Details of Referrer:** | Phone:  Email: | | | | | **Date of Referral:** |
| **Current Accommodation status**  1 2 3 4 5 6 7 8  Rough Sofa Emergency Hostel Family/ Supported New Maintaining  Sleeping Surfing Accommodation Partner Accommodation Tenancy Tenancy | | | | | | |
| **Service User Criteria:** | q History of Sex Work  q Vulnerable to Sex Work  q Currently Sex Working  q Wanting to exit Sex Work  q History of Child Sexual Exploitation  q History of Sexual Exploitation  q At risk of Sexual Exploitation  q Current victim of Sexual Exploitation  q History of Homelessness  q At risk of Homelessness  q Multiple and Complex Needs | | | | | |
| **Reason for Referral:**  *(Please provide information of the events or concerns that have led you to refer her to support from Kairos)* |  | | | | | |
| **How can we help?**  *Please specify if you know of areas where you believe Kairos support will be most beneficial to the service user, or areas of priority need.* |  | | | | | |
| **Risk Assessment:**  *(Please provide all known information in relation to risk)* | **Area of Risk** | | **Level of Risk** *(High/Medium/Low)* | | **Details** | |
| *Self-Harm* | |  | |  | |
| *Suicide/Attempts/Ideation* | |  | |  | |
| *Violence from others* | |  | |  | |
| *Violence towards others* | |  | |  | |
| *Violence towards professionals* | |  | |  | |
| *Threatening towards professionals* | |  | |  | |
| *Physical Health* | |  | |  | |
| *Mental Health* | |  | |  | |
| *Substance misuse* | |  | |  | |
| *Repeat offending behaviour* | |  | |  | |
| **Please tick here if this service user needs to be worked with on a 2 to 1 basis** q | | | | | | |
| **Other Risk Factors:**  *(Please tick all relevant indicators)* | q Regular/multiple contacts with unknown adults/young people.  q Significant age gap with partner.  q Peers involved in sexual exploitation/risky or concerning behaviours.  q Being accompanied to appointments by unknown person that causes concern.  q Disclosure of sexual/physical assault followed by withdrawal of allegation.  q Concerns regarding sexting, multiple phones/sim cards.  q Unsafe use of the Internet.  q Association with gang members.  q Isolated from family, peers, social networks.  q Living independently and unresponsive to attempts at contact by agencies.  q Social Care involvement – Current.  q Social care involvement – Historical.  q Family conflict/breakdown or bereavement.  q Family history of Domestic Violence, Mental Health and/or Substance Misuse.  q Experience of living in Local Authority Care.  q Homelessness | | | | | |
| **Background** | | | | | | |
| **Victim of Crime:** | q Historic Domestic Abuse – Under 18  q Historic Domestic Abuse – Over 18  q Historic Sexual Abuse – Under 18  q Historic Sexual Abuse – Over 18  q Historic – Other Crimes (*please specify details):*    q Historical Crime was Reported?    q Current Domestic Abuse  q Current Sexual Abuse  q Current – Other Crimes  q Current Crime has been Reported? | | | | | |
| **Convictions** | q Previous convictions  Details:  q Served a custodial sentence Offence Details:  q Outstanding convictions/open court cases  Details: | | | | | |
| **Additional Information** | | | | | | |
| **Health**  q Registered with a GP  Contact:  Address:  q Registered with a Dentist  Contact:  Address:  q Current physical health issues  q Current mental health issues  q Past physical health issues  q Past mental health issues    q Currently on prescribed medication  Details: | | **Drug and Alcohol Issues**  q Heroin q Crack q Cocaine q Alcohol  q Other:  q Injecting  q Currently scripted  **Treatment**  q In treatment  q Not in treatment  q Want support to access treatment  q Past drug issues  Details:  q Past alcohol issues  Details: | | | | |
|  |  | | | | | |
| **Finance** | q Bank account/building society/PO account registered in own name  National Insurance Number  **Benefits:**  qJSA qESA qPIP qDLA qChild Benefit qWorking Tax Credit  qUniversal Credit qHousing Benefit qCarers Allowance | | | | | |
| **Education and Employment** | **Employment status:**  q Employed  q Unemployed  q Self Employed  q Claiming Benefits  q In part-time or full-time education  Employer Details:  **Education:**  q No Qualifications  q Level 1  q Level 2 (GCSES or equivalent)  q Level 3 (A level or equivalent)  q Level 4 (Degree or equivalent) | | | | | |
| **Support Networks** | In contact with family? q Yes – regularly q Yes – not very often  q No contact  Details:  Do you have any dependants? q Yes q No  Name: Name:  Date of Birth: Date of Birth:  Status: Status:  q With Mother q With Mother  q With Father q With Father  q With another family member q With another family member  q Looked after q Looked after  q Adopted q Adopted  Do you have any caring responsibilities? q Yes q No  Details:  Family supported by other professionals q Yes q No  Details:  Social care  Are you supported by any other agencies? q Yes q No  Details: | | | | | |
|  |  | | | | | |

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| **Monitoring Information** | **Age**:  q 18 - 24  q 25 - 34  q 35 – 44  q 45 – 64  q 65 + | **Ethnic Background:**  q White English/Welsh/Scottish/Northern Irish/British  q Irish Gypsy or Irish Traveller  q Any other White background  q White and Black Caribbean  q White and Black African  q Any other Mixed/Multiple ethnic background  q Indian  q Pakistani  q Bangladeshi  q Chinese  q Any other Asian background  q African  q Caribbean  q Any other Black/African/Caribbean background  q Arab  qAny other ethnic group  q Prefer not to say  q Unknown |
| **Relationship Status:**  q Single  q Married  q In a relationship  q Divorced/Separated  q Other |
| **Disability:**  q Yes qNo  q Prefer not to say |
| **Religion or Belief:**  q No religion q Jewish  q Christian q Muslim  q Buddhist qSikh  q Hindu q Other  q Prefer not to say | **Sexual Orientation:**  q Heterosexual  q Homosexual  q Bisexual  q Other  q Prefer not to say |

**Please complete and return this form to:** [**admin@kairoswwt.org.uk**](mailto:admin@kairoswwt.org.uk)

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