****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 MaintainingSleeping Surfing Accommodation Partner Accommodation Tenancy Tenancy  |
| **Service User Criteria:** | q History of Sex Workq Vulnerable to Sex Work q Currently Sex Working q Wanting to exit Sex Work q History of Child Sexual Exploitationq History of Sexual Exploitationq At risk of Sexual Exploitationq Current victim of Sexual Exploitationq History of Homelessnessq At risk of Homelessnessq 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 18q Historic Domestic Abuse – Over 18q Historic Sexual Abuse – Under 18q Historic Sexual Abuse – Over 18q Historic – Other Crimes (*please specify details):* q Historical Crime was Reported?  q Current Domestic Abuseq Current Sexual Abuse q Current – Other Crimesq Current Crime has been Reported? |
| **Convictions**  | q Previous convictionsDetails: q Served a custodial sentenceOffence Details: q Outstanding convictions/open court casesDetails: |
| **Additional Information** |
| **Health**q Registered with a GPContact: Address:q Registered with a DentistContact:Address:q Current physical health issues q Current mental health issuesq Past physical health issuesq Past mental health issues  q Currently on prescribed medicationDetails:  | **Drug and Alcohol Issues**q Heroin q Crack q Cocaine q Alcoholq Other:q Injectingq Currently scripted**Treatment**q In treatmentq Not in treatmentq Want support to access treatment q Past drug issuesDetails:q Past alcohol issuesDetails: |
|  |  |
| **Finance** | q Bank account/building society/PO account registered in own nameNational Insurance Number **Benefits:**qJSA qESA qPIP qDLA qChild Benefit qWorking Tax Credit qUniversal Credit qHousing Benefit qCarers Allowance  |
| **Education and Employment** | **Employment status:**q Employedq Unemployedq Self Employedq Claiming Benefitsq In part-time or full-time educationEmployer Details:**Education:**q No Qualificationsq Level 1q 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 contactDetails:Do you have any dependants? q Yes q NoName: Name:Date of Birth: Date of Birth:Status: Status:q With Mother q With Mother q With Father q With Fatherq With another family member q With another family memberq Looked after q Looked afterq Adopted q AdoptedDo you have any caring responsibilities? q Yes q NoDetails:Family supported by other professionals q Yes q NoDetails:Social care Are you supported by any other agencies? q Yes q NoDetails:  |
|  |  |

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| --- | --- | --- |
| **Monitoring Information** | **Age**:q 18 - 24 q 25 - 34 q 35 – 44q 45 – 64q 65 + | **Ethnic Background:**q White English/Welsh/Scottish/Northern Irish/Britishq Irish Gypsy or Irish Travellerq Any other White backgroundq White and Black Caribbeanq White and Black Africanq Any other Mixed/Multiple ethnic backgroundq Indianq Pakistaniq Bangladeshi q Chinese q Any other Asian backgroundq Africanq Caribbeanq Any other Black/African/Caribbean background q Arab qAny other ethnic groupq Prefer not to say q Unknown |
| **Relationship Status:**q Singleq Marriedq In a relationshipq Divorced/Separatedq Other |
| **Disability:**q Yes qNoq Prefer not to say |
| **Religion or Belief:**q No religion q Jewishq Christian q Muslimq Buddhist qSikhq Hindu q Otherq Prefer not to say | **Sexual Orientation:**q Heterosexualq Homosexualq Bisexualq Otherq Prefer not to say |

**Please complete and return this form to:** **admin@kairoswwt.org.uk**

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