

REFERRAL FORM

- Referral Criteria:** All of our projects are for men and women 18+ who:
- are in or who have been in the Criminal Justice System
 - live in, or are returning to, Wales
 - would like support and are able to engage with a mentor
 - do not have an **active** drug or alcohol issue

<p><u>Referral Agency Details:</u></p> <p>Organisation Name: <input style="width: 90%;" type="text"/></p> <p>Contact Name: <input style="width: 90%;" type="text"/></p> <p>Job Title: <input style="width: 90%;" type="text"/></p> <p>Email: <input style="width: 90%;" type="text"/></p>	<p>Address: <input style="width: 95%;" type="text"/></p> <p><input style="width: 95%;" type="text"/></p> <p>Telephone: <input style="width: 95%;" type="text"/></p> <p>Alternative point of contact: <input style="width: 95%;" type="text"/></p> <p><input style="width: 95%;" type="text"/></p>
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<p><u>Details of Beneficiary for Referral:</u></p> <p>First Name: <input style="width: 95%;" type="text"/></p> <p>Surname: <input style="width: 95%;" type="text"/></p> <p>Date of Birth: <input style="width: 95%;" type="text"/></p> <p>First Language: <input style="width: 95%;" type="text"/></p> <p>National Insurance No: <input style="width: 95%;" type="text"/></p>	<p>NFA (or NFA on release)? Yes <input type="checkbox"/> No <input type="checkbox"/> if no:</p> <p>Address: <input style="width: 95%;" type="text"/></p> <p><input style="width: 95%;" type="text"/></p> <p>Contact Telephone Number(s): <input style="width: 95%;" type="text"/></p> <p><input style="width: 95%;" type="text"/></p>
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<p><u>Reason for Referral:</u> Support <input type="checkbox"/> Undertake Volunteering <input type="checkbox"/></p> <p>Please provide us with brief details including any known specific support/risk needs:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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Specific Considerations:

Please use this space to tell us about any special circumstances i.e. licence conditions, including exclusions, community orders, or other external agencies you know the beneficiary to be involved with:

Is this person a known risk to staff? Yes No If yes, please give more details:

Risk (any information shared from OASys or other risk assessments):

Please also be aware that through the nature of our work, i.e. group days and training, the referral may come into contact with women or vulnerable people. Are you aware of any potential risks or triggers that may cause this person to pose a risk to any individuals or groups? Yes No

If 'Yes' please give more details:

Are there any issues relating to Domestic Violence (perpetrator or victim)? Yes No

If 'Yes' please give details:

FOR NFA APPLICATIONS ONLY:

Has a homeless application been made (or referral to Prison Link Cymru)? Yes No

Name of Local Authority area living in or returning to?

Are you aware of previous difficulties with housing i.e. refused housing, rent arrears, etc? (Please give details):

Any other arrangements that have been made regarding housing needs?

FOR PRISON CUSTODY REFERRALS ONLY:

Prison Number: Cell Number: Gender:

Name, Tel No & Email Address of Offender Supervisor (OS):

Index Offence: First Language:

Ethnicity: Expected Release Date:

Is the referral likely to be transferred to another prison? Yes No

If Yes, name of prison: Date:

Will the referral be released on probation supervision? Yes No If 'yes' complete below:

Probation Officer Name: Tel:

Probation Office (location):

Will support be required on the day of release? Yes No

If you are aware of a family member or anyone else who we may have permission to contact on release day please give details:

*The project is unable to support people who are currently, **actively** involved in drug or alcohol misuse*
Please tick to confirm that the referral meets these criteria: Yes

Upon receipt of the completed referral form we will contact you or the beneficiary; we will also keep you informed on the progress of the referral.

Referrer to sign: To the best of my knowledge, the information contained on this form is accurate; I confirm that the beneficiary is aware of this referral.

Print name: Date:

Please return completed Referral Form either by:

Post: Gibran (UK) Ltd, Suites 2 & 3 First Floor, Singleton Court Business Park, Wonastow Road, Monmouth, Monmouthshire. NP25 5JA **Secure Email:** gail.cottrell@gibran.cjsm.net

Office No(s): **01600 712269 / 713801** e-mail: **info@gibran-uk.co.uk**