

SELF-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>Personal Details:</p> <p>First Name: <input type="text"/></p> <p>Surname: <input type="text"/></p> <p>Date of Birth: <input type="text"/></p> <p>First Language: <input type="text"/></p> <p>National Insurance No: <input type="text"/></p>	<p>NFA (or NFA on release)? Yes <input type="checkbox"/> No <input type="checkbox"/> if no:</p> <p>Address: <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Contact Telephone Number(s): <input type="text"/></p> <p><input type="text"/></p>
--	---

Reason for Referral: Please let us know if you would like help with any of the following – including brief details of what specific support you feel you need	
Accommodation	<input style="width: 100%; height: 100%;" type="text"/>
Education, training & employment	<input style="width: 100%; height: 100%;" type="text"/>

Physical or mental health	
Finance, benefit and debt	
Child and family	
Relationships – including issues around domestic abuse (perpetrator or victim)	
Sex work, trafficking, honour based violence	
<u>Specific Considerations:</u> 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:	

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 you be released on probation supervision? Yes No If 'yes' complete below:

Probation Officer Name: Tel:

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

Is there anyone you would like us 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 and will also keep you informed on the progress of the referral.

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 to:

Gibran (UK) Ltd, Suites 2 & 3 First Floor, Singleton Court Business Park, Wonastow Road, Monmouth, Monmouthshire. NP25 5JA

Or by secure email to:

gail.cottrell@gibran.cjism.net

Office Telephone No: 01600 713801

e-mail: info@gibran-uk.co.uk