



# REFERRAL FORM

**Referral Criteria:**

**GOING HOME** is for women who:

- Are in the Criminal Justice System
- Live in, or are returning, to Wales
- Would like support
- Are NOT dependant on drugs or alcohol

<p><b><u>Referral Agency Details:</u></b></p> <p><b>Organisation Name:</b> .....</p> <p>.....</p> <p><b>Contact Name:</b> .....</p> <p><b>Job Title:</b> .....</p> <p><b>Email:</b> .....</p>	<p><b>Address:</b> .....</p> <p>.....</p> <p><b>Telephone:</b> .....</p> <p><b>Alternative point of contact:</b> .....</p> <p>.....</p>
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<p><b><u>Details of Beneficiary for Referral:</u></b></p> <p><b>First Name:</b> .....</p> <p><b>Family Name:</b> .....</p> <p><b>Date of Birth:</b> .....</p> <p><b>First Language:</b> .....</p> <p><b>National Insurance No:</b> .....</p>	<p><b>Address:</b> .....</p> <p>.....</p> <p>.....</p> <p><b>Contact Telephone Number(s):</b> .....</p> <p>.....</p>
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**Drugs & Alcohol:**

The '**GOING HOME**' Project is unable to support women with **chaotic** alcohol or drug issues.

Are you aware of any **active** alcohol or drug issues?    Yes/No    (please delete)

**If yes, please give more details:** .....

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**Reason for Referral:**

Please provide us with brief details of the reason for referral, including any known specific support needs: .....

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**Comments and Special Circumstances:**

Please use this space to tell us about any special circumstances i.e. supervision or community orders, other agencies you know the beneficiary to be involved with, or anything else you think we should know:

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**Risk Analysis:**

Are you aware of any potential risks that this person may pose? Yes/No (Please delete)

If yes, please give more details: .....

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Upon receipt of the completed referral form we will contact 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 and I can confirm that the beneficiary is aware of this referral.

Print Name:

Sign:

Date:

**Please return completed Referral Form to:**

Gibran (UK) Ltd, Suites 3 & 4 Hall House, Llanover Business Centre, Llanover, Abergavenny, Monmouthshire. NP7 9HA  
Tel: 01873 880976 Fax: 01873 880894