|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Details** | | | | |
| Name of Client: |  | | | |
| Address: |  | | | |
| Home Phone: |  | Mobile: |  | |
| Date of birth: |  | | |  |

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| --- |
| **Please indicate whether this person is experiencing any of the following issues:**  Self Harm Accommodation issues Drug and / or Alcohol Misuse Mental Health  Domestic Violence Employment / Training / Education Physical Health Parenting Issues  Family / Relationship problems Financial Problems Other (Please Specify) ........................... |

|  |  |  |
| --- | --- | --- |
| **Client Motivation and Consent** | **Yes** | **No** |
| Is the client motivated to engage with The Shed (Salford Foundation)? |  |  |
| Has the client agreed to the referral being made to The Shed? |  |  |
| Has the client agreed that The Shed can contact them directly? |  |  |
| Has the client agreed that you can share their information with the Shed? |  |  |

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| --- | --- | --- | --- |
| **Risk Levels** | **High** | **Med** | **Low** |
| Risk of harm to others |  |  |  |
| Risk of offending or re-offending |  |  |  |
| Vulnerability |  |  |  |
| Any other known risk |  |  |  |

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| **Risk details** |
|  |

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| --- |
| **Reasons for referral** |
| Why are you referring this person? |
|  |
| Any other information you feel we may need to be aware of? |
|  |

|  |  |
| --- | --- |
| **Referrer Details** | |
| Referrer Name: |  |
| Job role and agency: |  |
| Telephone numbers: |  |
| Email address: |  |

|  |  |  |
| --- | --- | --- |
| **Other professionals/ agencies known to be working with Client?** | | |
| Name | Agency | Contact details: Phone/ Email |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Signed by referrer:** | **Date:** |

**Office use only:**

|  |  |
| --- | --- |
| **Risk information assessed & recorded in risk register: Y / N** | **Initials and Date:** |
| **Risk levels discussed and agreed with Manager: Y / N** | **Initials and Date:** |

|  |  |
| --- | --- |
| **Project Allocated to:** | **Project worker initials:** |
| **Date allocated:** | **Initials:** |
| **Date contacted:** | **Initials:** |

Return to**:**