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| **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) ...........................  |

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| --- | --- | --- |
| **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? |
|  |

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

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