C:\Users\Lucia\Google Drive\GENERAL ADMIN\Art work  & logos\Fair Shares logos\fairshares.png

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referral Date:** | | | | | | | | **Referral Agency:** | | | | | | | | | | | | | | | | | | |
| **Please tick:** | | * Other agency referral | | | | | | | | | | | | | * Client self-referral | | | | | | | | | | | |
| **Client Name:** | | | | | | | | **D.O.B:** | | | | | | | | | | | | | | **Gender:** | | | | |
| **Address:**  **Postcode:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Agencies – Consent to Share**  *Please list below any other agencies/people the client consents for Fair Shares to share information with.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency / Relationship:** | | | | | **Contact Name:** | | | | | | | | **Phone No:** | | | | | | | | | | | **Client Initial**  **(for consent):** | | |
| **Consent**  I consent to details being recorded on The Fair Shares database. Anonymous details will be used to monitor the services provided. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Signature:** | | | | | | | | | | | | **Date:** | | | | | | | | | | | | | | |
| **Phone No(s):**  *Can we leave a message on this number?* YES / NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency contact** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | **Contact Number:** | | | | | | | | | | | | | | **Relationship:** | | | | | | |
| **Reason for referral:** | | | | | | | | | | | **Is this client attending as a friend or family member?**  YES / NO | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Ethnicity** *(Please tick)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | **Mixed** | | | | | | **Asian / Asian British** | | | | | | | | | | **Black/Black British** | | | | | | **Other Ethnic** | |
| British | | | White & Black Caribbean | | | | | | Indian | | | | | | | | | | Caribbean | | | | | | Arab | |
| Irish | | | White & Black African | | | | | | Pakistani | | | | | | | | | | African | | | | | | Other | |
| Gypsy/Irish Traveller | | | White & Asian | | | | | | Bangladeshi | | | | | | | | | | Other Black | | | | | | | |
| Other White | | | Other Mixed | | | | | | Chinese | | | | | | | | | | | | | | | | **Not stated** | |
|  | | |  | | | | | | Other Asian | | | | | | | | |  | | | | | | | | |
| **Nationality:** | | | **Do you have any religious beliefs you would like us to be aware of?** | | | | | | | | | | | | | | | **Do you have a disability you would like us to be aware of?** | | | | | | | | |
| YES / NO  *(If Yes, please give details overleaf)* | | | | | | | | | | | | | | | YES / NO  *(If Yes, please give details overleaf)* | | | | | | | | |
| **Keyworker:** | | | | | | | | | | | | | | **Start Date:** | | | | | | | | | | | | |
| **Closure Reason:** | | | | | | | | | | | | | | **Closed Date:** | | | | | | | | | | | | |
| **Potential Risks** *– please circle if any are a risk and complete details in the box below*. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-Harm | Suicide | | | Overdose | | | Violence to Others | | | Domestic violence offending | | | | | | Sexual offending | | | | | Other offending | | Accidents | | | Neglect |
| Abuse /  Exploitation by others | Domestic Violence | | | Sex Working | | | Poor engagement with services | | | Children | | | | | | Staff | | | | | Homeless / sofa surfing | | Driving or operating machinery | | | Other |
| ***Notes*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Background Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please provide details to include:*  *What would you like to achieve from joining Fair Shares / What have you achieved before* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral completed by:** | | | | | | | | | | | | | | | | | | | | | | | | | | |

***Staff Use Only***

|  |  |  |
| --- | --- | --- |
| **Allocated to:** | **Date Allocated:** | |
| **OUTCOME** | | |
| **Next appointment date / time:** | | **Referral Outcome – Please tick**  No Contact  Service Not Appropriate  Started |
| **With (worker name):** | |
| **Venue:** | |
| **Use Client Contact sheet to record further notes (including attempts to contact client).** | | |