

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