

Community referral form

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| 1. **Personal Details:** | | |
| **Name:** | **Date of referral:** | |
| **Address:**  **Postcode:**  **Contact telephone No:** | **Referrer’s name :** | **Referral Agency:** |
| **Telephone:**  **E-mail:** | **Main reason for referral:** |

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| **2. Personal Details** *(circle or make bold as appropriate)* | | | | | | | | | | |
| **Gender** | Female Transgender | | | | | | **Age** |  | **DOB** |  |
| **Living arrangement** | Homeless Lives alone  Lives with | | | | | | | | | |
| Details of child(ren) current carer arrangements and whether mum has or plans to have contact | | | | | | | | | | |
| Name | | | age | with mum | | Lives with / contact arrangements in place / pending | | | | |
|  | | |  | Y | N |  | | | | |
|  | | |  | Y | N |  | | | | |
|  | | |  | Y | N |  | | | | |
|  | | |  | Y | N |  | | | | |
| **Ethnicity** | | **White - Scottish / British / Other - Black - British / Caribbean / African / Bangladeshi / Indian / Pakistani / Chinese / Other Asian**  **Mixed Race / Other / Not Known / Not Given** | | | | | | | | |
| **Nationality** | |  | | | | | | | | |
| **Needs / Disabilities for which you require additional support?** | |  | | | | | | | | |
|  | | | | | | | | | | |
| **3. CPO details** | |  | | | | | | | | |
| **Offence** | |  | | | | | | | | |
| **CPO L1 or 2 (any conditions)** | |  | | | | | | | | |
| **How Shine can contribute to the CPO Action Plan** | |  | | | | | | | | |

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| **4. Other Services involved – please list** (service type/ contact name & details) |
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| **5. Consent –** I have received information about Shine and consent to this referral: | | Yes | No |
| I agree to:   * A referral to Shine Women`s Mentoring Service. * Shine contacting me and other agencies to:   + Seek and Share information to enable Shine to provide me with the most appropriate service / support.   + A representative from Shine contacting me in the future to seek my views on the service. * The implications of GDPR have been explained. | | | |
| Individual’s signature:  Date: | Shine referral agents signature:  Date: | | |

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| **6. Shine - GDPR compliance** | |
| My Shine mentor has explained GDPR to me, I have signed a consent form and have received a copy of the Privacy Notice | |
| Individual’s signature:  Date: | Shine Mentor’s signature:  Date: |