

Community referral form

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| 1. **Personal Details:**
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| **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?** |  |
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| **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.
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| 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: |