**Community Diversion Service**

**Referral Form for probation services**

**Please send completed form to:** [**hannah.evans@humankindcommunitydiversion.cjsm.net**](mailto:hannah.evans@humankindcommunitydiversion.cjsm.net)

|  |  |
| --- | --- |
| Service user Details | |
| Name |  |
| Preferred Name |  |
| Date of Birth |  |
| Address |  |
| Telephone Number |  |
| Gender Identity |  |
| Sexual orientation |  |
| Is the service user a parent or pregnant? | Yes pregnant  ​☐​  Yes Parent ​☐​  No   ​☐​    **Please provide details of any known dependants:**    Name:  DoB:  Address:    Name:  DoB:  Address: |
| Relationship status |  |
| Ethnicity |  |
| Religious beliefs |  |
| Housing Status | No fixed abode  Temporary accommodation  Supported Accommodation  Other |
| Education/Employment (please tick as appropriate) | Employed  Unemployed  In full time education  Volunteering |

|  |  |
| --- | --- |
| Referrer information | |
| Name |  |
| Occupation |  |
| Agency |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Are there other professionals working with this Individual, if so please specify: |  |

|  |  |  |
| --- | --- | --- |
| **Next of Kin information** | |  |
| **Name** |  | |
| **Address** |  | |
| **Telephone number** |  | |
| **Email address** |  | |
| Has the service user given consent for the Next of Kin to be contacted by the Community Diversion Team. | | Yes/No |

|  |  |
| --- | --- |
| **Please tick any specific needs or risk factors that apply in relation to the young person and provide details:** | |
| **Does the young person have any known disabilities?**  Please specify… | **​​☐​** |
| **Does the young person have a diagnosed mental health condition?**  Please specify… | ​​☐​ |
| **Does the young person have a self-identified mental health condition?**  Please specify… | ​​☐​ |
| **Has the young person experiences care?**  Please specify… | ​​☐​ |
| **Does the young person have caring responsibilities or is a young carer?**  Please specify… | ​​☐​ |
| **Does the young person use alcohol or substances?**  Please specify… | ​​☐​ |
| **Does the young person’s parents or guardian use alcohol or substances?**  Please specify… | ​​☐​ |
| **Does the young person have an Education Health Care Plan?**  Please specify… | ​​☐​ |
| **Does the young person experience any violence or control within the home?**  Please specify… | ​​☐​ |
| **MSET (Missing, Slavery, Exploited and Trafficked)**  Please specify… | ​​☐​ |
| **Has or is the young person experiencing exploitation?**  Please specify… | ​​☐​ |
| **Does the young person have a history of/ or currently carry weapons?**  Please specify… | ​​☐​ |
| **Are there any other known risks/needs that have not been covered above:**  Please specify… | |

**Office use only:**

|  |  |  |
| --- | --- | --- |
| Date referral received: | | |
| Referral accepted  Referral declined | | |
| If referral accepted: | | |
|  | Date of first appointment offered: |  |
| Charity Log number: |  |
| If referral declined: | | |
|  | Reason for referral decline: |  |
| Has the referrer been informed? |  |