**Community Diversion Service**

 **Referral Form for probation services**

**Please send completed form to:** **hannah.evans@humankindcommunitydiversion.cjsm.net**

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| 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 [ ]  |

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

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| --- | --- |
| **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  |

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| **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:**

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| 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? |  |