|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| Accommodation Specialist SupportG:\LEVEL3\Business Support\Marketing\NEW LOGOS 2017\FINAL ACT LOGOS\ACT_Logo_CMYK.pngReferral form |

|  |
| --- |
| **Referrer Details**  |
| Referral Agency   |  |
| Local Authority  |  |
| Name of Referrer  |  |
| Contact Number  |  |
| Email Address  |  |

|  |
| --- |
| **Service User Details** |
| Name(Also known as) |  |
| Current address |  |
| **Safe** Contact Number(include safe times if applicable)  |  |
| **Safe** Email address |  |
| Gender identify |  | Date of Birth |  |
| Housing (previously resided in) |  | Marital Status |  |
| Ethnicity |  | Language Spoken |  |
| Sexual Orientation |  | Disability Information |  |
| Religion |  | Education level *(None, Other, GSCE, A/AS level / Apprenticeship. Degree)* |  |
| Family make up*(0 child household, pregnant, 3 child household)* |  | Reported to police?  |  |
| Type(s) of abuse  |  |
| Additional Risk Factors eg. self harm/mental health/drugs & alcohol |  |
| Risk Level*Standard, medium or high.*  |  |  |  |

 |
| **Reason for Referral** |
| Background information including Support required *Specialist Support (protected Characteristics, additional or complex needs) or Children*) |  |
| Relevant information that may increase risk to the Service User(s) or Professional(s) |  |
| Who/what does the Service User fear? |  |
| Are there any court orders in place? |  |
| Details of other agencies supporting the Service User or children |  |

Tick to certify that permission has been sought from the victim for this referral to be made

|  |
| --- |
| We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share. |

**Completed referrals should be emailed to**: admin@angliacaretrust.org.uk