

An incomplete response or too little detail will cause the referral process to be delayed or suspended which may impact negatively the client.

1. Referring Agency	
Name of Referral Agency	
Name of worker making the referral	
Telephone no. of Referral Agency	
Address of Referring Agency	
Clients Name	
Clients Telephone Number	
DOB	
Age	
Ethnicity Nationality Level of English Spoken (High, Medium, Low) Is a translator required? If yes, which language	
Marital Status Parental Responsibilities	

2. Key Contacts	
Contact in case of emergency	
Next of kin	
G.P Name & Address	
Advisor	
Social Worker details (past & current)	
Psychiatrist / Counsellor (past & current)	
Other	

3. Support Needs & Presenting Issues	
Physical Health Do you currently take/ or need to take medication?	
Spiritual Health (Do you have requirements surrounding your religious beliefs?)	
Mental Health (PTSD, depression, schizophrenia Do you currently take/ or need to take medication?)	
Substance Use? (Alcohol, drugs including cannabis Give daily amounts and frequency of use)	
Have you ever been in care? (If 'yes' please give details of which local authority and dates)	
External support services person is working with (give the name, organisation and contact details)	

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4. Income and ID	
Is the person in employment (please state wages)	Wages:
Details and amount of weekly income	<input type="checkbox"/> Job Seekers Allowance: <input type="checkbox"/> Income Support: <input type="checkbox"/> Other:
Job Centre Address	
Date last signed on	
Date last paid	
Do benefits need checking	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID (Does the client need help obtaining ID)	
Type of ID (passport, medical card, birth cert)	
Have you scanned ID & Proof of Benefits to The Women's Decision Group CIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Insurance Number	
Person's Status (British Citizen, ILR, LLR,)	
No recourse to public funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	

5. Housing History	
Have you become homeless due to your current situation?	
Borough of origin / connected Borough?	
Have you lived in this borough for 6 months in the last year?	
Have you ever applied to this service before? (If yes please state the date of this application and the outcome)	

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6. Detail of housing history for the last 5 years

Address (including borough & post code)	Private, Tenancy, stay with friends etc	From - To	Reason for leaving

7. Employment Training Education

Last Job	
Last Employer (name and address)	
Location	
Hours	
Income	
Employment preferences (catering, building,)	
Training/Education details	
Name and address of college/training facility	
Course	
Desired Qualification	
Duration (start and end date)	
Hours (F/T or P/T) and days of attendance	

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8. Move On		
Support Plan	1. 2.	
Referrals made	1. 2.	
Referrals pending	1. 2.	
Referrals refused	1. 2.	

9. To be completed by Referral Agency
1. How long have you known your client:
2. Supporting statement

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10. Risk Assessment
Please give description of any potential risk that my involve applicant

I agree that the information in this form represents an accurate reflection of my client's current circumstances.

Referrer's Signature: _____

Date: _____

Please ask your client to read the information you have provided and sign the following statement

I agree that the information provided about me in this form is accurate and reflects my current circumstances.

Client Signature: _____

Date: _____

Internal Use Only:

Authorisation of Referral		
Accepted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equal Opportunities Monitoring Form attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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(Information Consent Form attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID Received	<input type="checkbox"/> Yes <input type="checkbox"/> No

Management Signature (TWDG): _____

Date:

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