**External Organisation Referral Form**

**Referrer Details**

|  |  |  |
| --- | --- | --- |
| Organisation:      | First Name:       | Last Name:      |
| Position:       | **Contact Number:**      | **Email Address:**       |

**Participants Details**

|  |  |
| --- | --- |
| First Name:       | Last Name:       |
| Phone Number: (personal/family/friend)  | **Email:**       |
| Address:       | **Postcode:**      |

**Referral Criteria**

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

|  |  |
| --- | --- |
| Is the participant 18 years and over? |  |
| Has the participant been in contact with the Criminal Justice System? |  |
| Is the participant free to work in the UK with a National Insurance number? |  |
| Is the participant free from any drug or alcohol reduction programme or medication? |  |
| Does the participant have or intend to have a home address in Greater London? |  |
| Is the participant free from convictions of sex offences and arson? |  |

 |  |

**Background Information & Support Required**

**Does the participant have any of the following?**

|  |  |
| --- | --- |
| **Gang affiliation** |  |
| **Co-defendants** |  |
| **Excluded from any areas** |  |

**How are you currently supporting the participant?**

**Your engagement with the participant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Daily |       | Fortnightly |       | In person |       |
| Weekly |       | Monthly |       | By Phone |       |
| Does the Participant have a CV? |       |

If there is any additional information you wish to provide please continue on another sheet or contact the Case Management Coordinator