**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