

**Growing Lives External Referral Form**

***Please send this completed form to:***

**Post:** Growing Lives, Orchard Works, 1 Grenville Drive, Ilkeston, DE7 8HT

**Email:** growinglives@derventiohousing.com

**Fax:** 01332 209256

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| --- | --- |
| **Date** |  |
| **Applicant Information** |
| **Name** |  | **Gender** |  |
| **Date of birth** |  | **Income details** |  |
| **Permission to contact directly?** | Yes / No | **Ethnicity** |  |
| **Address** |  |
| **Preferred activities** (please circle or highlight) | Horticulture / Arts & crafts / Woodcraft / Cooking / Bike club |
| **Further Information** |
| **Please tick the boxes below as appropriate** |
|  | **Ex-forces** |  | **Healthy Futures client** |
|  | **Social Services Framework** |  | **Support Coach client** |
|  | **Recovery projects referral** |  |  |
| **Referrer Information** |
| **Name** |  | **Organisation** |  |
| **Job title** |  | **Contact details** |  |
| **Individual Needs** |
| **What is the applicant hoping to gain from attending Growing Lives?** |  |
| **Does the applicant have any health needs?** *Please include physical and mental health* |  |
| **Does the applicant have any dietary requirements?** |  |
| **What are the applicant’s learning needs?** *Please include any special considerations / barriers* |  |
| **What are the applicant’s support needs?** *Including social care needs, drug/alcohol, offending, other* |  |
| **Please list all the workers that the applicant is currently supported by** |  |
| **Do we have authority to contact the listed agencies on the applicant’s behalf?** | Yes / No |
| **Please record any previous offences here** |  |
| **Please record any history of substance misuse here** *(including alcohol misuse)* |  |

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| **Risk Assessment** |
| **Physical Health** |
|  | Fails to take medication |  | Difficulty managing health |
|  | Poor diet |  | Doesn’t engage with medical services |
|  | Major physical illness / disability |  | Recent deterioration in health |
|  | Alcohol related illness |  | History of falls / accidental trauma |
| **Mental Health** |
|  | No / poor insight into mental health |  | Self-neglect |
|  | Previous suicide attempts |  | Current suicide threats |
|  | High levels of distress |  | Evidence / threats to self-harm |
|  | Recent deterioration of mental health |  | Evidence / threats of harm to others |
|  | Paranoid / delusional thoughts |  | Violent incidents linked to mental health |
|  | Withdrawn / isolated |  | Incidents linked to stopping medication |
|  | No links with mental health services |  | Experience of torture / trauma |
| **Substance Use** |
|  | Any history of substance misuse | **Current use – substances and doses** |
|  | Unsafe injecting practices |  |
|  | Poor disposal of drug paraphernalia |
|  | Unwilling to engage with services |
|  | Recent increase in substance misuse |
|  | Violence related to substance misuse |
| **Violence and Aggression** |
|  | Previous incidents of violence |  | Previous use of weapons |
|  | Expressing intent to harm clients |  | Aggressive sexual behaviour |
|  | Expressing intent to harm staff |  | Incidents of sexual harassment |
|  | Expressing intent to harm children |  | Admissions to secure settings due to violence |
|  | Incidents of arson |  | Recent violent incident (last 4 weeks) |
|  | Possession of a weapon |  | Harassment of others |
| **Other** |
|  | Convictions |  | Risk of abandoning accommodation |
|  | Prolific offender / PPO / IOM |  | Unwilling to engage with services |
|  | Problems with friends / visitors etc. |  | Risk of losing tenancy |
|  | Lack of English language skills |  | Problems with/to males |
|  | Poor literacy |  | Problems with/to females |
|  | Expression of racism |  | Difficulty in maintaining benefits |
|  | Expression of homophobia |  | Harassment by others |
| **Summary of Risk Level** |
|  | **High** | **Medium** | **Low** |
| **Risk to self** |  |  |  |
| **Risk to others:*** **Staff**
* **Other clients**
* **Others (state):**
 |  |  |  |
| **Risk of harm from others** |  |  |  |

**Signed by referee**

I am satisfied that the information contained within this form, as given by the applicant, is accurate.

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| --- | --- |
| **Signature** |  |
| **Print name** |  |
| **Date** |  |

**Signed by applicant**

I agree that the information contained in this form is true and accurate and I consent to it being used as part of the Growing Lives project assessment process.

I also agree to the Growing Lives project making contact with those agencies that I am currently working with and having sight of information that will have relevance to the project.

|  |  |
| --- | --- |
| **Signature** |  |
| **Print name** |  |
| **Date** |  |

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| **Office Use Only** |
| **Date referral received** |  |
| **Date contact made and details** |  |
| **Date initial Growing Lives session booked for** |  |
| **Added to Growing Lives calendar?** | Yes / No | **Attended first session?** | Yes / No |