

## CLIENT REFERRAL FORM

Please return completed form via email to: [Community.referral@hibiscus.cjsm.net](mailto:Community.referral@hibiscus.cjsm.net)

If you can't send to a CJSM account, please use: [referrals@hibiscus.org.uk](mailto:referrals@hibiscus.org.uk)  
 and ensure you encrypt the referral form and send a password in a separate email.

You can also send a completed form to the postal address above FAO: Women's Centre Coordinator

**Please ensure the referral form is filled in correctly and with as much detail as possible - forms with missing information will be returned for completion, which may delay the ability to provide support.**

Please note that we work with low- to medium- risk offenders and ex-offenders

INFORMATION ABOUT REFERRER/REFERRING ORGANISATION	
Date of referral:	Has the client agreed to this referral? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name:	Organisation:
Contact no:	Email:
Relationship to client:	
If your support has an end date, what is it?	

CLIENT'S PERSONAL DETAILS	
Surname:	First name:
Date of birth:	Is client in Greater London?:
Prison No. if relevant:	Release date:
Address including <b>Prison</b> address if relevant:	Can we write to the client at this address: YES <input type="checkbox"/> NO <input type="checkbox"/>
Mobile:	Land line:
Email:	
Client's preferred method of contact:	

OFFENCE DETAILS, IF APPLICABLE	
Current conviction and sentence:	Risk of harm: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Previous convictions and sentences:	

ELIGIBILITY CHECKLIST:	
Is client a foreign national/BMER woman: YES <input type="checkbox"/> NO <input type="checkbox"/>	Experience of criminal justice system: YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there trafficking concerns: YES <input type="checkbox"/> NO <input type="checkbox"/>	Is client in NRM? YES <input type="checkbox"/> NO <input type="checkbox"/>

### NATIONALITY, LANGUAGE AND IMMIGRATION STATUS

Nationality:	Country of birth:	
First language:	Is there need for interpreter?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Can the client read/write in English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there any literacy issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
When did the client arrive in the UK?		
What method of entry/visa was used, if known?		

What is the client's current immigration status?

- EU citizen
- Overstayer
- Has leave to remain (please specify when it expires below)

**Leave expires:**

- Asylum Seeker
- Refugee/Humanitarian Protection
- Deportation order outstanding
- Unknown
- Other (Please specify):

### CHILDREN AND FAMILY

Name:	Relationship to client:	DOB/Age:

### CURRENT SUPPORT, INCLUDING SUPPORT FROM FAMILY, FRIENDS, CARERS OR SERVICES

Please list all **other organisations and/or legal services** that are providing support:

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<b>ANY KNOWN RISKS TO LONE WORKERS?</b>	Yes	No
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<b>REASONS FOR REFERRAL [Please tick]</b>
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<p><input type="checkbox"/> Practical Support (i.e. provision of information regarding rights and entitlements, assistance accessing benefits, filling in forms, access to food bank)</p> <p><input type="checkbox"/> Advocacy (i.e. liaison with solicitors, probation, local authorities and other support providers, accompanying to important appointments)</p> <p><input type="checkbox"/> Engagement in the Women’s Centre (activities and workshops)</p> <p><input type="checkbox"/> Referral for Immigration Advice required</p> <p><input type="checkbox"/> Mentoring</p> <p><b>NOTE: We do not provide housing and crisis fund.</b></p>
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<b>INFORMATION ABOUT CLIENT’S CURRENT SITUATION AND SUPPORT NEEDS INCLUDING MENTAL HEALTH, SAFEGUARDING NEEDS. PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE.</b>
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<b>PLEASE LIST ANY RELEVANT DOCUMENTS ATTACHED TO THIS REFERRAL FORM</b>
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