Hibiscus Initiatives

Resource for London

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# CLIENT REFERRAL FORM

# Please return completed form via email to: community.referral@hibiscus.cjsm.net

If you can’t send to a CJSM account, please use: **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

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| **INFORMATION ABOUT REFERRER/REFERRING ORGANISATION**  |
| Date of referral:   | Has the client agreed to this referral?   | YES ​☐​ NO​☐​  |
| Name:   | Organisation:   |
| Contact no:   | Email:   |
| Relationship to client:   |
| If your support has an end date, what is it?  |

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| **CLIENT’S PERSONAL DETAILS**  |
| Surname:   | First name:   |
| Date of birth:   | Is client in Greater London?:   |
| Prison No. if relevant:   | Release date:   |
| Address including **Prison** address if relevant:     | Can we write to the client at this address: YES ​☐​       NO​☐​  |
| Mobile:   | Land line:  |
| Email:   |
| Client’s preferred method of contact:   |

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| **OFFENCE DETAILS, IF APPLICABLE**  |
| Current conviction and sentence:   | Risk of harm:  ​​☐​Low ​​☐​Medium ☐​High  |
| Previous convictions and sentences:        |    |

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| **ELIGIBILITY CHECKLIST:**  |
| Does client have insecure immigration status?:  YES ​☐​       NO​☐​  | Experience of criminal justice system:  YES ​☐​       NO​☐​  |
| Are there trafficking concerns: YES ​☐​       NO​☐​  | Is client in NRM? YES ​☐​       NO​☐​  |

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| **NATIONALITY, LANGUAGE AND IMMIGRATION STATUS**  |
| Nationality:   | Country of birth:   |
| First language:   | Is there need for an interpreter?  | YES ​☐​   NO​☐​ |
| Can the client read/write in English?  | YES ​☐​       NO​☐​  |
| Are there any literacy issues?  | YES ​☐​       NO​☐​  |
| When did the client arrive in the UK?  |   |
| What method of entry/visa was used, if known?  |   |
|  What is the client’scurrent 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:  |

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| **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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| **ANY KNOWN RISKS TO LONE WORKERS?** | Yes  | No  |
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| **REASONS FOR REFERRAL [Please tick]**  |
| ​​☐​ Practical Support (i.e. provision of information regarding rights and entitlements, assistance accessing benefits, filling in forms, access to food bank) ​​☐​ Advocacy (i.e. liaison with solicitors, probation, local authorities and other support providers, accompanying to important appointments) ​​☐​ Engagement in the Women’s Centre (activities and workshops) ​​☐​ Referral for Immigration Advice required  ​​☐​ Mentoring  **NOTE: We do not provide housing and crisis funds**   |

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| **INFORMATION ABOUT CLIENT’S CURRENT SITUATION AND SUPPORT NEEDS INCLUDING MENTAL HEALTH, SAFEGUARDING NEEDS. PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE.**  |
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| **PLEASE LIST ANY RELEVANT DOCUMENTS ATTACHED TO THIS REFERRAL FORM**  |
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