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Description automatically generatedHibiscus 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**](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 

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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: |

|  |  |  |
| --- | --- | --- |
| **ANY KNOWN RISKS TO LONE WORKERS?** | Yes | No |
|  | | |
| **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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